



Professional Surveyor's Application For Land Surveyors, Civil Engineers & Landscape Architects – 143086APP 07 06

Application and Risk Survey For Claims Made Coverage

Notice: This is an application for claims made coverages. When allowed by law, Coverage is limited to claims first made against you while the policy is force. Defense Costs as covered by the coverage form will be subject to the deductible amount you choose.

Acceptance is subject to Underwriter's approval. All questions must be answered. Please attach additional sheets for any comments or explanations to questions asked.

Producer:
 Producer Code:

Florida Only: Agent Name _____ Agent License _____
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1. Name of Applicant: (include all entities to be covered)

2. Main location address:
 Mailing Address (If Different)

3. Phone Number: () _____ Fax Number () _____

4.

Proposed Effective Date Month/day/year:	Proposed Retroactive Date Month/day/year:
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12:01 A.M. Standard time at the principal office address show in item number 2.

5.

5a. Limits of Liability Each Claim/Aggregate	5b. Deductible Amount (each claim)	5c. Deductible Option
\$100,000/\$300,000 \$250,000/\$750,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000	\$2,500 \$5,000 \$10,000 \$25,000 Other _____	You have the option of how your Deductible Amount will be subtracted from each claim. Indicate the option desired. <input type="checkbox"/> Damages Only. The Deductible Amount will only apply to damages. <input type="checkbox"/> Damages and Defense Cost. The Deductible Amount will be applied to damages and defense cost.

6. Applicant is:
- | | |
|---------------------------|-------------------------------------|
| Sole Proprietorship _____ | Partnership _____ |
| Corporation _____ | Limited Liability Corporation _____ |
| Joint Venture _____ | Other _____ |

7.

Names of Owners, Partners, Officers or Members	Professional License(s)	Date Acquired	Years with Firm

8. How long has applicant been in business?

9. During the last five years has the firm:

- Purchased another business
- Merged
- Changed the type of entity under which it trades? Yes No If yes, describe _____

10. How many employees do you currently have in the following positions?

- Licensed Land Surveyors _____
- Civil Engineers _____
- Landscape Architects _____
- Engineers in Training _____
- CAD Operators _____
- Planners _____
- Draftsperson _____
- Field persons _____
- Clerical _____
- Other _____

11. How many of your licensed professionals participated in at least 8 hours of continuing education over the past year?

12. In what states are employees licensed as:

- Land Surveyors: _____
- Professional Engineers: _____
- Landscape Architects: _____

13. Does your firm do any work outside of the United States? Yes No If yes, please describe: _____

14. Does your firm do work on projects owned or managed by your firm's owners, directors, officers or partners or members and/or their spouses? Yes No If yes, describe those projects: _____

15. What is the amount of accounts receivable your firm currently has outstanding that is more than 60 days old? _____

16. Have any registered professionals ever been censored or had his/her license suspended or revoked? Yes No If yes, describe: _____

17. Provide your approximate total gross billings for each of the past 3 years:

Land Surveyors:

Fiscal Year: _____ Gross Billings: \$ _____
Fiscal Year: _____ Gross Billings: \$ _____
Fiscal Year: _____ Gross Billings: \$ _____

Civil Engineers:

Fiscal Year: _____ Gross Billings: \$ _____
Fiscal Year: _____ Gross Billings: \$ _____
Fiscal Year: _____ Gross Billings: \$ _____

Landscape Architects:

Fiscal Year: _____ Gross Billings: \$ _____
Fiscal Year: _____ Gross Billings: \$ _____
Fiscal Year: _____ Gross Billings: \$ _____

18. Provide your estimated gross billings for your current fiscal year:

Land Surveyors:

Fiscal Year: _____ Gross Billings: \$ _____

Civil Engineers:

Fiscal Year: _____ Gross Billings: \$ _____

Landscape Architects:

Fiscal Year: _____ Gross Billings: \$ _____

19. Provide your estimated gross billings for next fiscal year:

Land Surveyors:

Fiscal Year: _____ Gross Billings: \$ _____

Civil Engineers:

Fiscal Year: _____ Gross Billings: \$ _____

Landscape Architects:

Fiscal Year: _____ Gross Billings: \$ _____

20. Provide the approximate % of gross revenue in the last completed fiscal year that was derived from the following services (should total 100% of revenue):

Surveying:

Boundary or property surveys _____ %
 Topographic Surveys _____ %
 House Location Surveys _____ %
 As Built Surveys _____ %
 Photogrammetry _____ %

Site Plans _____ %
 Construction Stakeout _____ %
 Other (Describe) _____ %

Civil Engineering:

Storm/Water Sediment Control _____ %
 Roadway Design _____ %
 Utility Design _____ %
 Other (Describe) _____ %

Landscape Architect:

Planting design & selection _____ %
 Other (Describe) _____ %

21. Has your firm (not sub-consultants) performed any of the following services in the past 5 years or does it expect to perform these services in the future?

Structural Design or Analysis ___ No ___ Yes If yes, describe: _____

Geotechnical Engineering ___ No ___ Yes If yes, describe: _____

Lead or Asbestos Abatement Design or Evaluation: ___ No ___ Yes If yes, describe: _____

Design or inspection of bridges, Tunnels or dams: ___ No ___ Yes If yes, describe: _____

Construction or Construction Management: ___ No ___ Yes If yes, describe: _____

Environmental Site Assessments ___ No ___ Yes If yes, describe: _____

22. If your firm employs sub-consultants list the services provided and the percentage of gross revenue they represent:

23. Do all sub-consultants carry professional liability insurance? ___ No ___ Yes

24. Do you have on file certificates of insurance from all sub-consultants? ___ No ___ Yes

25. Identify sub-consultants who do not carry professional liability insurance, or you do not have certificate of insurance showing such coverage: _____

26. Has your firm performed or subcontracted in the past 12 months (or expect to perform or subcontract in the next 12 months) service in connection with:

Hazardous/toxic disposal sites ___ No ___ Yes Superfund sites ___ No ___ Yes

Underground storage tanks ___ No ___ Yes Landfills ___ No ___ Yes

Permitting/monitoring related to hazardous waste ___ No ___ Yes Solid Waste sites ___ No ___ Yes

27. Are any of the principals, partners, officers, directors, stockholders, or employees aware of any error, omission or accident involving the discharge, dispersal, seepage, migration, or release of a pollutant(s) or contamination which may be the basis for a claim under this policy?

28. Does any one client represent more than 35% of your gross receipts? ___ No ___ Yes If yes, provide details:

29. Do you expect significant changes in your operations in the next 12 months? ___ No ___ Yes If yes, provide details: _____

30. Provide a list of your firm's top five largest projects for the last five years. List should include your client's name, type of project, services provided and gross billings for each project.

31. If you are not currently insured with Fireman's Fund, provide the following information regarding Professional Liability insurance you have carried in the past 5 years:

Policy Period	Insurer	Each Claim Limit	Deductible	Annual Premium

32. If your current policy is not with Fireman's Fund, what is the retroactive date on your current policy?

33. Has any insurer canceled or refused to issue professional liability insurance for your firm? (Not applicable in Missouri.) ___ No ___ Yes If yes, explain: _____

34. If you or any other insured had a claim filed against them in the past 10 years, or know of an alleged negligent act, error or omission in the past 10 years which may result in a claim, attach a description of those claims, alleged negligent acts, errors or omissions. The description should include the following:

1. Date of claim, alleged negligent act, error or omission;
2. Allegations;
3. Status of claim, alleged negligent act, error or omission;
4. Amount paid, if any;
5. Action taken to prevent similar claim, alleged negligent act, error or omission

If you or any other insured are not aware of any claim, alleged negligent act, error or omission in the past 10 years, check none. None []

Failure to disclose any claim, alleged negligent act, error or omission in the past 10 years may result in coverage denial.

It is agreed: Claims made prior to the proposed effective date stated in item 4. of this Application are excluded from the proposed coverage; and that failure to disclose any potential claim can result in coverage denial.

It is agreed that this Application and information contained in and submitted with this Application shall be maintained on file with the Company, shall be relied upon by the Company and be the basis of the contract of insurance should a Policy be issued and are to be considered physically attached to the Policy and will become part of it, if issued.

Signature _____ Title _____ Date _____



Fraud Warning

Important State Information – Please Read:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or submits a claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

- Arkansas Fraud Warning** Any Person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Colorado Fraud Warning** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado Division of Insurance with the department of regulatory agencies.
- District of Columbia Applicants** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.
- Florida Fraud Warning** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Hawaii Warning** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Kentucky Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Louisiana Applicants** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Maine Applicants** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- New Jersey Applicants** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New Mexico Applicants** Any person who knowingly presents a false and fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and penalties.

New York Applicants	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.
Ohio Applicants	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma Applicants	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing a false or deceptive statement is guilty of insurance fraud.
Oregon Applicants	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.
Pennsylvania Fraud Warning	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Tennessee Fraud Warning	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia Applicants	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington Fraud Warning	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties could include imprisonment, fines, and denial of insurance benefits.
West Virginia Warning	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement