

## Land Surveyors On-Line Application Companion

Your professional liability insurance application acts as an introduction between your firm and the underwriters who will calculate your policy premium. Therefore, it is important to submit a complete and accurate application so that the underwriter can understand all the aspects of your firm. Completed carefully and clearly, the application can help your firm avoid delays in processing your application because of insufficient information.



We hope that this companion will answer some of the more common questions that come up when filling out the application. If you have further questions, you should contact your broker, who will be able to give you more direction.

### For All Sections:

If fields marked with an asterisk (\*) are not completed, the application will not continue past that section. If a field is marked with an asterisk (\*) but the question does not apply, put **N/A** or, if it is a number field, **0**.

### Section 1: APPLICANT INFORMATION

The Land Surveyors Program is for firms with specific qualifications and, therefore, special rates. Please provide the following information about your firm:



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### Application for Surveyors Professional Liability Coverage

Application Tracking Number: 4452-68442709-6034

**1. APPLICANT INFORMATION**

*\* All required fields must be completed prior to submission of this application for quote.*

\* Please indicate whether this is a new or a renewal application:  
 New  Renewal If Renewal, Enter Renewal Policy Number:

Please indicate the limits that you would like us to quote:  
\$  ,000 per claim \$  ,000 aggregate

Please indicate the deductibles(s) you wish us to quote:  
\$

1. Please provide the following information about your firm:

\* Principal Firm Name:

\* Address:

\* City:

\* State/Country:  Please Select...  Other:

\* Zip/Postal Code (where applicable):

**Question 1:** Enter the name of the entity here. There is no need to list principals, partners, or officers in this section. If the firm has previous entities, please list them as an attachment.

## Section 1: APPLICANT INFORMATION (continued)

- \*  Partnership  Sole Proprietorship  Corporation  Professional Corporation  Subchapter S Corporation  
 LLC  Other - Please Describe:

Please list all persons or entities for which you are seeking coverage and describe the listed person or entity. Please also list the addresses of all branch offices:

To add a person or entity to this application, [click here](#)

To add a branch office to this application, [click here](#)

2. A. Please attach one or more resumes indicating the full name and professional qualifications for all principals, partners, key personnel, directors or officers of current firm(s) and dates of employment (registrations and degrees, date and place acquired.) If previously a principal, partner, director or officer of another firm, indicate firm name and employment dates.

To add a resume to this application, [click here](#)

- \* B. Are all individuals above, or any other land surveyors who are in responsible charge, members of an ACSM member organization?  Yes  No

- \* C. Staff Size:

Classification	Total	Full-Time	
Principals, Partners or Officers	<input type="text"/>	N/A	
Other Registered Land Surveyors and/or Engineers	<input type="text"/>	N/A	
Supervisors, Instrument Operators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Field Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clerical Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>

- \* Please attach one or more current brochures describing the firm's services.

To add a brochure to this application, [click here](#)

If you don't have a current brochure, describe the firm's services:

**Question 2A:** List all registrations and licenses. It is important to distinguish between surveying and engineering.

**Question 2B:** If all of the principals, partners, officers, and/or any other party in charge of projects are members of an ACSM Professional Society, the firm may be eligible for a 15% premium reduction. This does not apply if the firm is domiciled in New York or Indiana.

**Question 2C:** Staff size is totaled in the first column. If the firm has part-time employees, please list them in the third column. The total will calculate in the first column.

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### Section 3: ACCOUNTING YEAR DATA

**Question 8:** Billings are the primary factor used to calculate the premium. Show all professional billings, including any sub-consultants fees, for the past accounting year. Also provide an estimate of the billings for the coming year.

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#### 3. ACCOUNTING YEAR DATA

\* All required fields must be completed prior to submission of this application.

8. Please indicate your total gross billings for professional services for the periods below:

\* A. For the past 12 months: \$

\* B. Estimate for the next 12 months: \$

\* C. Please provide the total gross billings for each of the four years prior to the past 12 months:

Year:  \$  Year:  \$  Year:  \$  Year:  \$

\* D. Were more than 50% of all your total gross billings in 8A above derived from a single client or contract?  Yes  No

If yes, please specify such client below:

Client	Location	Project Type	Your Services	Total Gross Billings	Construction Values
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

\* Length of time such relationship is expected to continue:

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## Section 5: PROJECT TYPES

**Application for Surveyors Professional Liability Coverage**

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**5. PROJECT TYPES**

*\* All required fields must be completed prior to submission of this application form.*

\* 10. A. Indicate the approximate percentage of billings reported in Question 8A by the following categories. (Leave a field blank to indicate zero percent; note that the total for this section should equal 100%.)

Subdivision work	<input type="text"/> %	Supervision of Plat Plans	<input type="text"/> %
Boundary or property surveys	<input type="text"/> %	Grading and site work	<input type="text"/> %
Route surveys for engineering projects	<input type="text"/> %	Subdivision roads and streets	<input type="text"/> %
Photogrammetric surveys	<input type="text"/> %	Curbs, gutters and natural drainage	<input type="text"/> %
Geodetic or control surveys	<input type="text"/> %	Other subdivision utilities	<input type="text"/> %
Mapping or cartography	<input type="text"/> %	Topographic surveys	<input type="text"/> %
Construction stakeout	<input type="text"/> %	Other services requiring engineering stamps	<input type="text"/> %
Hydrographic surveys	<input type="text"/> %	Other: <input style="width: 150px;" type="text"/>	<input type="text"/> %

Plans and/or specifications for streets or highways, natural drainage, utility lines, bridges, and other structures.†

† Please describe these exposures in detail:

\* B. Of the services listed in 10A, what percentage are performed by subconsultants under contract to you?  %

\* C. Of the services listed in 10A, what percentages are performed under an engineering seal?  %

\* 11. Please indicate the approximate percentage of your total gross billings in Question 8A derived from each project type. (Leave a field blank to indicate zero percent; note that the total of all fields must equal 100%.)

Airport Facilities (except terminals)	<input type="text"/> %	Hotels/Motels	<input type="text"/> %	Petro/Chemical	<input type="text"/> %
Airport Terminals	<input type="text"/> %	Houses/Single Family Residential	<input type="text"/> %	Potable Water Systems	<input type="text"/> %
Amusement Rides	<input type="text"/> %	Industrial Waste Treatment	<input type="text"/> %	Real Estate Development	<input type="text"/> %
Apartments	<input type="text"/> %	Jails/Justice	<input type="text"/> %	Recreation/Sports	<input type="text"/> %
Assisted Living Facilities	<input type="text"/> %	Landfills/Solid Waste Facilities	<input type="text"/> %	Roads/Highways	<input type="text"/> %

**Question 10:** List professional services in the most specific service category. The total for this section should equal 100%. Attach a separate sheet if these categories do not adequately define the firm's services. We recognize there may be year-to-year fluctuations in the firm's billings, so be as accurate as possible.

**Question 11:** Give a complete breakdown of project types. This section should equal 100%.

## Section 6: BUSINESS INFORMATION

### Application for Surveyors Professional Liability Coverage

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#### 6. BUSINESS INFORMATION

\* All required fields must be completed prior to submission of this application.

**Question 12:** If the firm answers, "Yes," to any of these questions, please provide as much detailed information as possible. These topics present more complicated exposures to the insurer.

12. Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management or control of a company engaged in:

- \* A. Actual construction, fabrication or erection.  Yes  No
- \* B. The design, manufacture, sale, lease or distribution of any product, process or patented production process.  Yes  No
- \* C. Real estate development.  Yes  No
- \* D. Survey of bridges (over 50 feet), tunnels, or dams.  Yes  No
- \* E. Survey of retaining walls.  Yes  No
- \* F. Highways.  Yes  No
- \* G. Ground testing (other than percolation tests).  Yes  No
- \* H. Survey of subsurface conditions.  Yes  No
- \* I. Hazardous/toxic disposal sites, superfund sites, underground storage tanks, solid waste sites or landfills.  Yes  No

If the answer to A, B, C, D, E, F, G, H or I is yes, please add a description for each such service. Also attach sample contract(s):

\_\_\_\_\_

To add a service description to this application, [click here](#)

\_\_\_\_\_

To add a sample contract to this application, [click here](#)

- \* 13. A. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than 49% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered?  Yes  No
- \* B. Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is  Yes  No

## Section 7: NEW APPLICANT INFORMATION

\* 14. Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee?  Yes  No

If yes, please add a description for each claim or legal action:

[To add a claim or legal action to this application, click here](#)

\* 15. After complete investigation and inquiry, do any members, shareholders, employees or insurance error, omission, fact, incident, situation, unresolved disputes), accident or any other circumstance of the proposed insurance policy?  Yes  No

If yes, please add a description of each such situation:

[To add a situation description to this application, click here](#)

**Report knowledge of all such incidents to your current carrier prior to your current policy expiration.**

*The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 14 and 15 of this application.*

\* 16. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (Not Applicable in Missouri)  Yes  No

If yes, please give details:

\* 17. Do you or any subsidiary or predecessor firm have any **current** outstanding professional liability deductible obligations?  Yes  No

If yes, please provide details including the exact amount owed to insurance company and, if a payment schedule is in place, the amount and dates of repayments in the space provided:

\* 18. Has any similar professional liability insurance been issued to the firms or persons named in Question 1?  Yes  No

If yes, please provide policy details below, beginning with the most recent coverage in force:

Insurer	Policy Number	Limit	Deductible	Eff. Date	Exp. Date	Premium
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

\* 19. Please provide the retroactive date for your most recent policy referenced in 18 above:

**Question 14:** Enter the firm's claims experience over the last 10 years. Be sure to include details of any known claims, including company loss runs if applicable.

**Question 19:** If the firm indicates that there is currently coverage in place, this field becomes required. Please specify the retroactive dates on the current policy. This section will not complete if the field is left blank.

## Section 8: BROKER INFORMATION

Application for Surveyors Professional License

Application Tracking Number: 445268442709-6034

### 8. BROKER INFORMATION

\* All required fields must be completed prior to submission.

**Section 8:** Please complete broker information if available. If the firm does not have a broker, we have a broker locator on our website at [www.Schinnerer.com](http://www.Schinnerer.com)

#### Agent or Broker Must Complete the Following:

* Contact Name:	<input type="text"/>		License Number	Expiration Date
* Agency Name:	<input type="text"/>	CNA Agent (Casualty Lines)	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	E&S License	<input type="text"/>	<input type="text"/>
* Contact Email:	<input type="text"/>	Other Casualty Agent License	<input type="text"/>	<input type="text"/>
* Phone:	<input type="text"/>	Non-Resident License (If Applicable)	<input type="text"/>	<input type="text"/>
Fax:	<input type="text"/>	Licensed Broker	<input type="text"/>	<input type="text"/>

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