

# SURVEYORS APPLICATION FOR RISK MITIGATION CREDIT

Pursuant to Item E of Section V, Limits of Liability/Deductible  
CNA Professional Liability and Pollution Liability Insurance Policy, 10/05 Edition

Policyholder \_\_\_\_\_ ISN No. \_\_\_\_\_

Claim Number \_\_\_\_\_ Claimant \_\_\_\_\_

Date of CNA Claim Confirmation Notice \_\_\_\_\_ By \_\_\_\_\_

**Policyholder Instructions:** Check each applicable criterion on the Submittal Checklist below and attach compliance documentation clearly keyed to each applicable criterion. Complete the Policyholder Declaration on Page 2 and submit to your CNA claims rep within sixty (60) days of your receipt of CNA's claim confirmation letter. If you do not have the appropriate fax number, call us at 301-907-3001. Documentation must be submitted as part of this Application demonstrating compliance with the Baseline Criterion and three of five Performance Criteria.

Submittal Checklist: To be Completed by Policyholder		Compliance Checklist: To be Completed by CNA
<b>Baseline Criterion</b> (Written Agreement) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	A written agreement executed prior to the performance of the agreed-to services giving rise to the claim.	
<b>Performance Criterion 1</b> (Payment Terms/Invoicing) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	An agreement executed prior to the performance of the agreed-to services giving rise to the claim (per the "baseline" criterion) containing payment terms and a payment schedule;	
<input type="checkbox"/>	Dated invoices or a spreadsheet reflecting dated invoices; <b>and</b>	
<input type="checkbox"/>	Dated unpaid balance reminders or other documents reflecting the policyholder's attempt(s) to resolve payment problems, if any.	
<b>Performance Criterion 2</b> (Professional Services and Accuracy Standards) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	A professional services agreement incorporating the current ALTA/ACSM survey standards executed prior to the performance of the agreed-to services giving rise to the claim; <b>or</b>	
<input type="checkbox"/>	A professional services agreement incorporating a defined scope of professional services and accuracy standards consistent with current ALTA/ACSM survey standards executed prior to the performance of the agreed-to services giving rise to the claim.	
<b>Performance Criterion 3</b> (Interprofessional Agreements/ Insurance Certificates) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	Interprofessional agreements executed prior to the performance of the agreed-to services giving rise to the claim; <b>and</b>	
<input type="checkbox"/>	Certificate(s) of insurance evidencing professional liability (PL) and general liability (GL) coverages (or a spreadsheet reflecting all such certificate information) obtained prior to the performance of the agreed-to services giving rise to the claim.	

<b>Performance Criterion 4</b> (Pre-Project Planning) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	Project definition document(s) addressing the applicable parameters (“a” through “c” or “a” through “e”);	
<input type="checkbox"/>	Agreements annotated to address the applicable project definition parameters; <b>or</b>	
<input type="checkbox"/>	Reports prepared as deliverables addressing the applicable project definition parameters.	
<b>Performance Criterion 5</b> (Quality Assurance/Quality Control) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	Documents reflecting quality assurance/quality control procedures, such as meeting minutes, memoranda, reports, completed checklists, and notations on design documents; <b>or</b>	
<input type="checkbox"/>	For external reviews, an agreement or engagement letter for a quality assurance/quality control review and documents evidencing the completion of any such external quality assurance/quality control review.	
<b>Policyholder Declaration</b>		
I/We hereby declare that this Application (including the compliance documentation submitted herewith and incorporated herein) is accurate to the best of my/our knowledge and that if this Application is found satisfactory to CNA, it shall be the basis of any award of the Risk Mitigation Credit for Surveyors described Item E of Section V, Limits of Liability/Deductible, CNA Professional Liability and Pollution Liability Insurance Policy, 10/05 Ed.		
Name of Principal, Partner, or Officer: (Please Type or Print)		
Title:		
Signature (Principal, Partner or Officer):		
Date:		
Email Address:		
Date Application Received: _____ By: _____		
Additional Review Comments:		
Reviewed By: Date:		Approved By: Date:
Advice to Policyholder – Attn: Date:		Advice to Broker – Attn: Date: