



APPLICATION FOR SURVEYOR'S PROFESSIONAL LIABILITY INSURANCE

- RENEWAL
 NEW APPLICANT

1. Please answer ALL questions completely.
2. If there is insufficient space to complete an answer, please continue on a separate sheet of your firm's letterhead.
3. This form must be SIGNED and DATED by a principal, partner or officer of your firm.
4. Mail completed application through your local broker or agent to:

VICTOR O. SCHINNERER & CO., INC.
 Two Wisconsin Circle
 Chevy Chase, MD 20815-7022
 Phone: (301) 961-9800 Fax: (301) 951-5444

NOTE: THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE POLICY. ONLY CLAIMS WHICH ARE FIRST MADE AGAINST YOU DURING THE POLICY PERIOD ARE COVERED, SUBJECT TO POLICY PROVISIONS. "CLAIM" MEANS THE RECEIPT OF A DEMAND FOR MONEY OR SERVICES, NAMING "YOU" AND ALLEGING A "WRONGFUL ACT". THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED BY THE COST OF DEFENSE. LEGAL DEFENSE COSTS ALSO MAY BE APPLIED AGAINST YOUR DEDUCTIBLE, IF APPLICABLE TO THE CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT THE COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE AGENT OR BROKER.

Please indicate aggregate limits of liability and deductibles for which quotations are desired: i.e. \$100,000/\$5,000	
LIMITS:	DEDUCTIBLES:

1. Name of Firm(s):			
Street:	City:	State:	Zip:
Date Current Firm established or incorporated:		Tax ID#:	
Telephone:		Fax:	
E-mail:		Website/URL:	
Is the firm a:	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Professional Corporation <input type="checkbox"/>
	LLC <input type="checkbox"/>	LLP <input type="checkbox"/>	Other <input type="checkbox"/>
			Sole Proprietorship <input type="checkbox"/>

2. (a) If the name of the firm has ever changed or there has ever been an acquisition(s), consolidation(s), dissolution(s), merger(s), or changes in the business' organization(s), please provide full particulars listing each firm named in chronological order and specify the exact date, name or business organization changed. Use separate sheet if necessary.

- (b) Is the firm controlled or owned by any other firm, corporation or company? Yes No
 If YES, please provide full details.

3. (a) Full name and professional qualification of all Principals, Partners or Officers of current firm(s) and dates of employment. (Registrations and degrees, date and state acquired). If previously a Principal, Partner, or Officer of another firm, indicate name of the firm and employment dates.

(b) Are all individuals above or any other land surveyor who are in responsible charge of projects for the applicant members of an ACSM Member organization? Yes No

4. Staff size:

<u>Classification</u>	<u>Number</u>	
Principals, Partners or Officers	_____	
Other registered Land Surveyors and/or Engineers	_____	
Supervisors, Instrument Operators	_____ Full-Time	_____ Part-Time
Other Field Personnel	_____ Full-Time	_____ Part-Time
Clerical Employees	_____ Full-Time	_____ Part-Time

5. Total billings for professional services:

(a) For the past 12 months:	(b) Estimate for the next 12 months:
-----------------------------	--------------------------------------

6. (a) Indicate the approximate percentage of billings reported in question 5(a) derived from each of the following categories: (This section should equal 100%)

_____ % Subdivision work	Supervision of Plat Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Grading and site work	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Subdivision roads and streets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Curbs, gutters and natural drainage	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other subdivision utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ % Boundary or property surveys	_____ % Topographic surveys	_____ % Other services requiring engineering stamp.
_____ % Route surveys for engineering projects	_____ % Construction stakeout	
_____ % Photogrammetric surveys	_____ % Hydrographic surveys	
_____ % Geodetic or control surveys	_____ % Plans and/or specifications for streets or highways, natural drainage systems, utilities, or building and other structures. Please describe these exposures in detail on a separate sheet.	
_____ % Mapping or cartography		

(b) Of the services listed above, what percentage are from subcontracted services? _____ %

(c) Of the services listed above, what percentage is performed under an engineering seal? _____ %

(On a separate sheet, please list the type(s) of service provided.)

7. Please indicate the approximate percentage of your total gross billings in question 5(a) derived from each of the following categories of clients: (This section should equal 100%)

Federal Government _____ %	State Governments _____ %	Local Governments _____ %
Institutional _____ %	Industrial _____ %	Real Estate Developers _____ %
Lending Institutions/ Title Companies _____ %	Contractors _____ %	Other Design Professionals _____ %
Other (Private) _____ %	Other (Public) _____ %	Attorneys _____ %
Please describe _____	Please describe _____	

8. Please indicate the approximate percentage of your total gross billings in question 5(a) derived from each project type: (This section should equal 100%)

Airports _____ %	Houses/Townhouses _____ %	Pools/Playgrounds _____ %
Amusement Rides _____ %	Industrial Waste Treatment _____ %	Potable Water Systems _____ %
Apartments _____ %	Jails/Justice Facilities _____ %	Recreation/Sports _____ %
Bridges (over 50 feet) _____ %	Landfills _____ %	Roads/Highways _____ %
Churches _____ %	Libraries _____ %	Schools/Colleges _____ %
Condominiums _____ %	Manufacturing/Industrial _____ %	Shopping Center/Retail _____ %
Convention Centers _____ %	Mass Transit _____ %	Storm Water Systems _____ %
Dams _____ %	Nuclear/Atomic _____ %	Tunnels _____ %
Harbors/Piers/Ports _____ %	Office Buildings _____ %	Warehouses _____ %
Hospitals _____ %	Parking Structures _____ %	Wastewater Systems _____ %
Hotels/Motels _____ %	Petro/Chemical _____ %	Wastewater Treatment Plants _____ %
Other (specify) _____ %		

9. Is the firm or any subsidiary, parent or other organization related to the firm engaged in:
- (a) actual construction, fabrication or erection: Yes No
 - (b) the manufacture, sale or distribution of any product or 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) survey of subsurface conditions Yes No
 - (h) ground testing (other than percolation tests) 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 and coverage is desired for these projects, please provide full details, including a description of the services performed, sample contract (s), construction involved and fees received:

10. 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

RISK MANAGEMENT AND LOSS PREVENTION

11. What percentage of your services in the past 12 months follows the standard ALTA/ACSM survey format? _____%
12. If more than 50% of the billings for the past or next 12 months are to be derived from a single client or contract, please specify the client or the contract and describe all services to be rendered.
13. Does your firm use written contracts on every project? Yes No
 If no, please provide us with the percentage of your total gross billings in question 5(a) where oral agreements were used: _____%
14. Are all written contracts or certification forms reviewed by legal and insurance counsel for potential adverse liability implications or insurance coverage problems? Yes No
15. Does the applicant have an in-house program of continuing education for key employees? This would include attendance at ACSM or state affiliate sponsored seminars, college level courses, other technical seminars, and professional development activities. Yes No
16. Who from your firm should receive Schinnerer's Risk Management Publications, Guidelines for Improving Practice?

NAME	TITLE
------	-------

NEW APPLICANT INFORMATION

17. Have any claims, suits or demands for arbitration been made against the firm, its predecessor(s) or and past or present principal, partner, officer or director in the past 10 years?
 If YES, please provide the following information for each claim on a separate sheet:
- | | |
|------------------------------|---|
| A. Date of Claim | E. Insurance company reserve, if any |
| B. Claimant or plaintiff | F. Defense attorney's or insurance company's evaluation of exposure/potential liability |
| C. Allegations | G. If closed, total amount paid for indemnity and defense costs |
| D. Demand or amount of claim | H. Deductible applicable |
18. Do any principals, partners, officers, employees or directors have knowledge of any circumstance that is or could be a basis for a claim under the proposed insurance? Yes No
 If YES, give details for each situation, including name of project and claimant, dates, nature of situation and amount of damages sought.

19. (a) Has any insurer declined, canceled or refused any similar insurance issued to the firm or any of the persons named in Question 3 on the application? Yes No

If YES, please give details and dates:

(b) Has any similar insurance been issued to any of the firms named in Question 1 or persons named in Question 3 on the application? Yes No

If YES, complete the following:

COMPANY	POLICY NUMBER	LIMITS	DEDUCTIBLE	POLICY PERIOD	PREMIUM

(c) Retroactive coverage date in current policy, if any:

(d) Do you have first dollar defense coverage: Yes No

20. Please provide total gross billings for each of the past 5 years. \$_____ \$_____ \$_____ \$_____ \$_____ (most recent)

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or mis-stated any material facts and I/we agree that this application shall be the basis of the contract with the Company.

FRAUD PREVENTION – NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000.00 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

FRAUD PREVENTION – OHIO WARNING

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.

FRAUD PREVENTION – FLORIDA 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 IN THE THIRD DEGREE.

FRAUD PREVENTION – COLORADO 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

- Mr.
- Mrs.
- Ms.

Name of Principal, Partner or Officer _____ Title _____
(Type or Print)

Signature _____ Date _____
(Principal, Partner or Officer)

NOTE: This application must be received, signed and dated by a principal, partner or officer of the applicant firm.

AGENT MUST COMPLETE THE FOLLOWING				
Agent Name: _____		Address: _____		
Agency: _____		_____		
Phone Number: _____ E-mail: _____		_____		
	YES	NO	LICENSE NUMBER	EXPIRATION DATE
Licensed C.N.A. Agent (Casualty Lines)				
Licensed Broker				
Licensed Casualty Agent with Company other than C.N.A.				