

SUBMIT

PROFESSIONAL LIABILITY INSURANCE APPLICATION

Please complete, sign and return this application indicating which limit you wish to bind the Professional Liability Retirement Coverage.

GENERAL INFORMATION			
Full Name of Firm or Applicant (Operating Name) and Contact Information:			Phone number:
Address:	Fax:	Email	
If more than one legal entity, please indicate the relationship between each (please note than an insurance policy cannot be shared unless there is financial interest)			
Please note it is your responsibility to ensure the completeness and accuracy of those listed entities on the policy which you are applying for			
List all Licensed Land Surveyors to be insured by the Applicant as of application date:			
Name of all Licensed Surveyors and Engineers	Registration Number	List of Provincial Assoc. and Qualifications	Are you Commissioned CLS? Yes/No
			yes no
			yes no
			yes no
			yes no
			yes no
			yes no
Please attach separate page is sufficient room has not been provided on this form			
Total Number of Land Surveyors:	Total Number of Engineers:	Total Number of Staff:	
LIMITS AND DEDUCTIBLES			
Please select which limit option(s) you would like to receive quotations for below:			
\$500,000 per claim/ \$1,000,000 aggregate	\$5,000 deductible	\$10,000 deductible	Other \$
\$1,000,000 per claim/ \$2,000,000 aggregate	\$5,000 deductible	\$10,000 deductible	Other \$
\$2,000,000 per claim/ \$2,000,000 aggregate	\$5,000 deductible	\$10,000 deductible	Other \$
\$2,000,000 per claim/ \$3,000,000 aggregate	\$5,000 deductible	\$10,000 deductible	Other \$
Other Limit required: \$	\$5,000 deductible	\$10,000 deductible	Other \$
Please note that a quote sheet showing all selected limits of liability offered under the PSC Errors & Omissions Liability program will be emailed to you prior for your review & approval prior to binding coverage			
The maximum deductible allowed is 5% of gross fees, subject to any minimum required under your Provincial Association by-laws. If your gross fees are less than \$100,000, the maximum deductible permitted will be \$5,000.			
ANNUAL GROSS INCOME			
Gross Income	Actual Gross Income	Projected Gross Income	
Land Surveying			
Consulting Engineering (if applicable)			
Total:			

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List activities of firm by percent of Gross Income: 1. Cadastral (Legal) Surveys _____ 2. Construction Layouts _____ 3. GIS/LIS Work _____ 4. Consulting Engineering _____ 5. Other (Please specify below) _____ TOTAL: _____	In the past year, have you earned any revenue from work performed outside Canada? yes no If "YES", please provide details including Location, Nature of Service, Revenue, Client and Date Services Performed:
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ENGINEERING SERVICES

Does the applicant firm derive any of the above fees from the performance of services, which by the provisions of any applicable Federal or Provincial Law, Statute or Legislation, are required to be performed by a Professional Engineer? yes no	If "YES": a) Do you wish to have the policy extended to cover Consulting Engineering Services? yes no
If "YES": a) Please indicate the amount of Gross Fees / Billings that are derived from Consulting Engineering Services that require the stamp of a Professional Engineer. yes no	b) Please indicate the engineering disciplines in which you practice (i.e. structural, mechanical, civil, etc.) c) Do you or have you provided Building Envelope services on Multi Unit Residential projects? yes no

If "YES":
 Please provide full details on a separate page and attach to this application, and advise the amount of fees earned from these types of projects
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INSURANCE COVERAGE

Note: This question pertains only to claims that have NOT been previously reported to the Insurance Company or its Authorized Representative under the PSC Professional Liability Program.	(a) Do you currently carry Professional Liability Insurance? yes no
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List all Licensed Land Surveyors to be insured by the Applicant as of application date:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium

(b) Retroactive Date of current policy (if any): /MM/YYYY:

LOSS EXPERIENCE

(a) In the past, has the Applicant or any of their employees ever been the recipient of any allegations of professional negligence in writing or verbally? yes no	(b) Is the Applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? yes no
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If "Yes" please provide details, including the date, claimant, circumstances, amount(s) involved, and whether the claim is currently open.

I hereby declare that to the best of my knowledge, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the conditions of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to Arthur J. Gallagher Canada Limited.

Signing of this Application form does not bind the Applicant to purchase the insurance. The undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy, but is agreed that this form shall be the basis of the contract should a policy be issued.

Applicable to Residents of BC only:

I/We hereby authorize Arthur J. Gallagher Canada Limited or The Provincial Association of B.C. Land Surveyors to provide details regarding the limits and deductibles of any contract of insurance that is effected by the completion of the application to the Ministry of Transportation and Highways, B.C. and issue a 30 Days' Notice of Cancellation endorsement to the Ministry of Transportation and Highways.

Name of Applicant	Title: (Owner, Officer, Partner)	Signature	Date
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