

**Professional Surveyor's Application 143086 APP-2 (New York)  
for Land Surveyors, Civil Engineers & Landscape Architects**

**Application and Risk Survey For Claims Made Coverage**

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

**A. CLAIMS MADE DISCLOSURE**

This is an application for a policy written on a claims made basis. The policy provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts, which took place prior to the Retroactive Date, if any, stated in the policy.

This policy covers only claims actually made against the insured while the policy remains in effect or incidents reported to us in writing, while the policy remains in effect. All coverage under the policy ceases upon the termination of the policy, except for the automatic Extend Reporting Period coverage, unless the insured purchases supplementary Extended Reporting Period coverage.

Potential coverage gaps may arise upon expiration of such Extended Reporting coverage, consult your agent for more information.

The length of the automatic Extended Reporting Period is 60 days. The length of the Supplementary Extended Reporting Period is three years.

The premium for a three year Supplementary Extended Reporting Period will be based on the rates for such coverage in effect on the date the policy was issued or last renewed. We shall not charge a different premium for the Supplementary Extended Reporting Period endorsement due to any change in our rates, rating plans or rating rules subsequent to issuance or last renewal of the policy. It may be quoted on an estimated basis if the policy is subject to audit, retrospective rating or experience rating.

During the first several years of the claims- made relationship, claims-made rates are comparatively lower than occurrence rates (assuming occurrence policies are available) and the insured can expect substantial annual premium increases, independent of overall rate level increases, until the claims-made relationship reaches maturity.

**B. POLLUTION DEFENSE COSTS DISCLOSURE:**

1. Coverage is provided for third party pollution claims as defined in the policy.
2. It is not intended to cover first party claims.
3. Defense costs for this coverage are included in the Aggregate Limit of Liability.

**C. LEGAL DEFENSE COST OFFSET DISCLOSURE**

If you do not purchase the Deductible Buy-Back option, legal defense costs that are incurred shall be applied against the deductible amount. Defense costs assumed by or charged to you shall not exceed fifty percent (50%) of such Deductible.



**Professional Surveyors Application for**  
 Land Surveyors, Civil Engineers & Landscape Architects

Producer: **Insure Care Brokers, Inc.**  
**FAX: 631-757-7518**  
 Producer Code: **31-494-065**

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:
--	--

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
<input type="checkbox"/> \$ 500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 <input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other _____	<p>You have the option of how your Deductible Amount will be subtracted from each claim. Indicate the option desired.</p> <p><input type="checkbox"/> <b>Damages Only.</b> The Deductible Amount will only apply to damages.</p> <p><input type="checkbox"/> <b>Damages and Defense Costs.</b> The Deductible Amount will be applied to damages and defense cost. If this option is chosen, form 143157 New York Disclosure and Notice Requirements must be signed and attached.</p>

d. I acknowledge and am aware that if I have not selected option 5c of this Application, Buy Back of Deductible Defense Cost Offset, legal defense costs that are incurred shall be applied against the deductible up to the amount or percentage stated in the Declarations of the policy.

6. Applicant is: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
 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 \_\_\_\_\_

Draftspersons \_\_\_\_\_

Fieldpersons \_\_\_\_\_

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 censured or had his/her license suspended or revoked?

\_\_\_ No \_\_\_ Yes 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: 07 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):

<b>SURVEYING</b>	<b>%</b>	<b>CIVIL ENGINEERING</b>	<b>%</b>
Boundary or property surveys		Storm/Water Sediment Control	
Topographic Surveys		Roadway Design	
House Location Surveys		Utility Design	
As Built Surveys		Other (Describe)	
Photogrammetry			
Site Plans		<b>LANDSCAPE ARCHITECT:</b>	<b>%</b>
Construction Stakeout		Planting Design & Selection	
Other (Describe)		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 the 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) services 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?

\_\_\_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:

- Date of claim, alleged negligent act, error or omission
- Allegations
- Status of claim, alleged negligent act, error or omission
- Amount paid, if any
- 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.**

**I declare that the foregoing statements and information are true and that I have not concealed or misrepresented any material fact(s) and I warrant that this Application shall be the basis of the contract should a policy be issued and it will be deemed a part thereof.**

Signature\_\_\_\_\_ Title\_\_\_\_\_Date \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement or 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 five thousand dollars and the stated value of the claim for each such violation. NY 403 (d).**



**9 Greenhaven Way  
Centerport, NY 11721  
1-877- COVER LS (268-3757)  
Fax:631-757-7518**