



Land Surveyors Professional Liability

Land Surveyors Professional Liability Application Form

Pirbright Professions Inc. Insurance program is designed to meet all the insurance needs of a professional business.

Which sections should you complete?

Section	Title	Should you complete it?
1.	Your Business	All businesses must complete this section
2.	Additional Named Insureds, Subcontractors, and Former Firms	Complete this section if it applies to you
3.	Professional Liability	All businesses must complete this section
4.	General	All businesses must complete this section
5.	Claims	All businesses must complete this section
6.	Declaration	All businesses must complete this section

This application form

The purpose of this application form is for us to provide you a quotation through Pirbright Professions Inc. on behalf of our insurance market. It does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle the insurer to treat this insurance as if it never existed.

If a contract of insurance is agreed between you and the insurer, this application form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract.

Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly.

Queries

Should you have any questions or if you require any additional information, please do not hesitate to contact us. Contact information as follows:

Dafydd Griffith

President

dgriffith@pirbright.ca

Telephone: 403-800-9112

Barb Taylor

Assistant Vice President

btaylor@pirbright.ca

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Pirbright Professions Inc.

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Calgary AB T2T 2C2

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Section 1 - Your Business

You must complete this section.

1.1 Your business

Business name	
Contact name	
Main address	
Postal code	
Year business established	
Phone Number	
E-mail address	

1.2 Your employees

Total number of employees (include partners)	
Number of Licensed Land Surveyors (include partners)	
Number of Partners	
Number of Professional Engineers	

1.3. Licensed Surveyors

Names of Licensed Land Surveyors Yes No

Names of all Licensed Surveyors or Engineers	Registration Number	Provincial Association and Qualifications	Are you a Commissioned CLS	Year of Graduation	% of Ownership in Firm

1.4 Your revenue

Your total revenue: please provide a breakdown according to the legal jurisdiction of your contracts **including revenue from subcontractors and sub consultants:**

Revenue derived from:	Actual Income for Last Fiscal Year Year ending:	Estimate next year Year ending:
1 Gross Fees - Land Surveying Services	\$	\$
2 Gross Fees - Consulting Engineering Services	\$	\$
Fees paid to sub consultants (include in 1)	\$	\$
Fees for USA projects (include in 1 above)	\$	\$
Fees for Overseas (include in 1 above)	\$	\$



Land Surveyors Professional Liability

Land Surveyors Professional Liability Application Form

1.5 Previous Insurance

Do you currently have Professional Liability / Errors & Omissions insurance?

Yes No

If yes, please provide details:

Insurance Company	Limits & Deductible	Premium	Expiry Date
	\$	\$	
	\$	\$	

1.6 Previous Insurance

Do you currently have Commercial General Liability & Property insurance?

Yes No

If yes, what is the renewal date?

Section 2 – Additional Operating Names, Former Firms, Holding Companies

Please complete this section if the following applies to you.

a. Complete the following (or on a separate sheet if necessary)

2.1 Additional operating names

Complete the following (or on a separate sheet if necessary).

Name	Mailing Address	Postal Code	Province

2.2 Former firms

Complete the following (or on a separate sheet if necessary).

Name	Mailing Address	Postal Code	Province

2.3 Holding companies

Complete the following (or on a separate sheet if necessary).

Name	Mailing Address	Postal Code	Province



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Land Surveyors Professional Liability Application Form

Section 3 - Professional Liability

You must complete this section.

3.1 Your business activities

Please split your last completed financial year's income approximately between the following professional disciplines. If this application form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year.

Disciplines:

- | | |
|--|----|
| a. Construction Layouts | \$ |
| b. Geomatic Engineering Surveys | \$ |
| c. Geodetic Surveys | \$ |
| d. Legal Surveys | \$ |
| e. Topography / Mapping | \$ |
| f. Marine Surveys | \$ |
| g. Mining Surveys | \$ |
| h. Mortgage Certificates | \$ |
| i. Oil/Gas Surveys | \$ |
| j. Percolation Tests/Septic/Sewage Systems – Domestic & Commercial | \$ |
| k. Seismic Surveys | \$ |
| l. Other – please give full details: | \$ |

3.2 Cover required

Please tick the limit of professional liability required:

\$500,000 \$1,000,000 \$2,000,000

Other: \$

3.3 Deductible required

Please tick the deductible required:

\$2,000 \$5,000 \$10,000

Other: \$



Land Surveyors Professional Liability

Land Surveyors Professional Liability Application Form

3.4 Future business activities Do you expect any significant changes to the split of activities shown in section 3.1 in the next 12 months? Yes No

If **Yes**, please provide details:

3.5 Contracts

a. Please give details of the five largest contracts you have carried out in the past three years:

Name of client and nature of their business	Service provided by you	Total contract value	Income to you from the contract

3.6 Subcontractors & subconsultants

Do you use independent subcontractors or subconsultants? Yes No

If **Yes**:

a. What percentage of your turnover/fees are paid to them? %

b. For which work are they used?

c. Do you ensure that they have their own professional liability insurance in force equal to or greater than the limits on your existing policy? Yes No

d. Do you ensure they have qualifications and experience relevant to the work they undertake? Yes No

3.7 Contracts

1. How often do you use a standard, written contract with your clients?

% of the time

2. What percentage of the time is this written contract developed by your firm?

% of the time

3. What percentage of the time is this written contract developed by your client?

% of the time

4. Do contracts contain a hold harmless or limitation of liability in your favour? Yes No



Land Surveyors Professional Liability

Land Surveyors Professional Liability Application Form

Section 4 - General

Does the applicant firm derive any of the above fees from the performance of services, which by the provision of any applicable Federal or Provincial Law, Statute of Legislation, are required to be performed by a Professional Engineer? Yes No

4.1 General

If "YES":

a. Do you wish to have the policy **extended** to cover **Consulting Engineering Services**?

Yes No

(If Engineering fees exceed 20% of total, alternate cover is required)

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

\$

b. Please indicate the engineering disciplines in which you practice (i.e. structural, mechanical, civil, etc.)

d. Do you or have you provided Building Envelope services on Multi Unit Residential projects?

Yes No

If you answered **Yes** to any of the above, please provide full details here or on a separate page and advise the amount of fees earned from these types of projects: \$



Land Surveyors Professional Liability

Land Surveyors Professional Liability Application Form

Section 5 - Claims

You must complete this section. Please complete the claims questions for any risk now to be insured.

5.1 General

In relation to your professional business activities, are you after reasonable inquiry aware of:

a. any matter which may lead to a claim against you?

This includes:

- i. a shortcoming or problem in your work known to you which you cannot reasonably put right; Yes No
 - ii. a complaint about your work or anything you have supplied which cannot be immediately resolved; Yes No
 - iii. an escalating level of complaint on a particular project; Yes No
 - iv. a client withholding payment due to you after any complaint. Yes No
- b. any loss from the dishonesty or malice of any employee or self-employed freelancer? Yes No
- c. any loss from the suspected dishonesty or malice of any employee or self-employed freelancer? Yes No
- d. any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee? Yes No

If you answered **Yes** to any of the above, please provide full details:

5.2 Your directors

Have you or any of your directors at any time either personally or in any business capacity:

- a. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? Yes No
- b. been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? Yes No

If the answer to a. and/or b. above is **Yes**, please give full details on a separate sheet.

5.3 Professional liability

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)? Yes No

If the answer above is **Yes**, please give full details on a separate sheet.



Land Surveyors Professional Liability

Land Surveyors Professional Liability Application Form

Section 6 - Declaration

You must complete this section.

Please read the declaration carefully and sign at the bottom.

6.1 Material information

Please provide us with details of any information which may be relevant to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide us with the details in order to review.

6.2 Your information

By signing this application form, you consent to Pirbright Professions Inc. using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Pirbright Professions Inc has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Pirbright Professions Inc. as set out above. The information provided will be treated in confidence and in compliance with the Personal Information Protection Act (PIPA). You or others related to your policy may have the right to apply for a copy of this information and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

6.3 BC Land Surveyors
Only

I/We hereby authorize Pirbright Professions 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 B.C. Ministry of Transportation and Infrastructure and issue a 30 Days of Notice of Cancellation endorsement to the Ministry of Transportation and Highways.

6.4 Declaration

I/We declare that (a) this application form has been completed after proper inquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our application for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to void this insurance policy.

I/We agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of director/officer/board member/senior manager.

Date dd-mmm-yyyy

A copy of this application should be retained for your records.

Do you require a finance contract?

Yes No