

EASTERN SPECIAL RISK
INSURANCE AGENCY
P.O. BOX 218
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WATS (800) 341-1110
FAX (978) 456-3245
CA License #0619313
specrisk@charter.net

Broker _____ Date _____
Address _____ Surplus lines licensee? Yes No If yes,
_____ indicate State, License No. and Expiration Date
Phone _____
FAX _____ E-Mail _____

Application for a Premium Quotation (without obligation)
LAND SURVEYORS PROFESSIONAL LIABILITY
(ERRORS & OMISSIONS)

*This is an application for a **claims-made and reported** form. All questions **must** be completed.*

1. Name of Applicant/Firm _____
Applicant is Sole Proprietor Partnership Corporation Date Firm Established: ____ / ____ / ____ Telephone: _____
2. Address: _____
City: _____ State: _____ Zip Code: _____
List all names and locations of all branch offices on separate sheet. **NOTE:** Application must reflect information including all locations.
3. Has any application for similar insurance on behalf of the applicant, or any of its partners, executive officers or directors, or predecessors in business ever been declined, or has any such policy been cancelled or refused renewal? Yes No
4. Have any claims been made during the past five years against the applicant, their predecessors in business or any of the partners, executive officers or directors? Yes No
5. Is the applicant aware of any circumstances which may result in any claims being made against the firm, their predecessors in business or any of the present or past partners, executive officers, or directors? Yes No
6. During the past five years has the name of the applicant been changed or has any other business been purchased, merged, or consolidated with the applicant? Yes No
7. Is the applicant engaged in, owned by, associated with or controlled by any other business that is not 100% surveying? Yes No
If yes, a separate application must be completed. Contact our office.
8. Are you or any of your staff a public official or an employee of a governmental body, subdivision, or agency thereof? Yes No
9. Has anyone currently or previously associated with the applicant had their license revoked or suspended, or been fined or disciplined in any way by a state licensing or registration board that regulates the practice of land surveying? Yes No
If the answer to any of the above questions is yes, attach a sheet with details.
10. Total billings for land surveying services:
Past Fiscal Year: \$ _____ Current Fiscal Year: \$ _____
11. Indicate the approximate percentage of billings reported in Question 10 derived from each of the following categories:
Street/Utilities Work
_____% A. 1. Grading and site work
_____% 2. Subdivision roads and streets
_____% 3. Curbs, gutters, and natural drainage
_____% 4. Other subdivision utilities
Other Work:
_____% B. Boundary or property surveys
_____% C. Route surveys for engineering projects
_____% D. Topographic surveys
_____% E. Photogrammetric surveys
_____% F. Construction stakeout
_____% G. Hydrographic surveys
_____% H. Geodetic or control surveys
_____% I. Mapping and cartography
_____% J. Plans and/or specifications for streets or highways, natural drainage systems, utilities, or buildings and other structures.
Please describe this exposure in detail on a separate sheet.
_____% K. Surveys in connection with oil or gas fields or drilling sites. Please describe this exposure in detail on a separate sheet.
_____% L. Other services - please specify.
_____% _____
_____% _____

100 % TOTAL

12. Does the applicant render services in connection with any of the following:
 a. Bridges YES NO b. Tunnels YES NO c. Dams YES NO
 If any of the above answers are yes, provide an accompanying letter detailing what work is performed.

13. List Professional Liability Coverage for last five years:

Insurance Company	Limit	Deductible	Premium	Expiration Month/Date/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If this is a new account, retroactive date _____ / ____ / ____ (This is the first date of claims-made coverage.)

14. Are you a member of any professional organizations? YES NO If yes, which ones _____

15. What was the maximum number per month of full or part time employees (including owners) your firm had during the last twelve months?

Month	Year	Registered Surveyors	Party Chiefs	Rodmen
			Transitmen Draftsmen	Chainmen Clerical
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Does the applicant enter into contracts containing indemnification or "Hold Harmless" clauses? YES NO

If Yes, please attach a copy of the contract clause and specify the billings for the project. Contractual liability coverage available under this program is limited to coverage for those claims arising from the insured's negligence. See the policy for exact details.

17. List on a separate sheet, the **three** largest projects (by fee volume). For each project, provide the project name, description of service, client, and location. A current **SF 254 Form** may be substituted for this purpose.

18. Amount of coverage required: \$100,000/\$100,000 \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

Amount of deductible requested (per claim): \$2,500 \$5,000 \$7,500 Other \$ _____

19. The applicant agrees and acknowledges that coverage will be offered on a claims-made basis YES NO

I/We do hereby declare that the above statements and particulars are in all respects true and are material to the issuance of insurance herein and that I/We have not omitted or suppressed or mis-stated any facts and I/We agree that this proposal form shall be the basis of the contract and shall be deemed a part of the policy as if annexed thereto. Applicant agrees to report any claim or incident of which he receives knowledge after the signing of this application as a condition precedent to effecting coverage.

Signed _____ Title _____ Date _____

Must be signed by an owner, partner, officer or administrator of the applicant. Completion of this form does not bind coverage or obligate the applicant; however, should the quotation be acceptable, the information given above will be the basis of the contract. Application must be currently signed (within 45 days) and dated to consider for quotation. The policy being applied for is limited to only those claims that are first made against the insured while the policy is in force and which occur after the inception of the contract, unless Prior Acts coverage is included.

In Arkansas, Colorado, Florida, Hawaii, Kentucky, Maine, Minnesota, New Jersey, New Mexico, New York, Ohio Oklahoma, Pennsylvania and Virginiana, notice concerning false or fraudulent statements must be attached.

NOTICE REQUIRED BY CERTAIN STATES

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "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 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."

NOTICE TO FLORIDA APPLICANTS: "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."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO MAINE AND VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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, 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."

NOTICE TO OHIO APPLICANTS: "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."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

Signature: _____