



Patriot National Underwriters, Inc.

P.O. Box 803143 • Dallas, TX 75380
972.239.1458 • 800.291.6846 • Fax 972.233.3487
www.patriotnational.com

Professional Liability Insurance Land Surveyors (Claims-Made Form)

1. Name of Applicant:						
2. Mailing Address:						
3. Date Established:						
		Corporation		Partnership		Individual
4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give full details:						
5. Is the firm engaged in, owned by, associated with or controlled by any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details:						
6. Fees/Receipts						
		Estimate for Coming Year		Present 12 Months		Previous 12 Months
Dates:	From:	To:	From:	To:	From:	To:
Gross Billings/Fees whether collected or not (excluding fees derived from joint ventures)						
7. Professional activities and specialty (attach narrative description if necessary)						
a. Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity:						
b. Please attach separately lists of: (i) five largest projects and description of work performed for each; (ii) names of partners, key employees, etc. and their professional qualifications including resumes						
c. Please attach copies of: (i) advertisements, brochures, descriptive literature; (ii) sample contract between you and your clients outlining service to be rendered; (iii) latest financial data (annual report or balance sheet)						
8. Total Personnel (including those listed 7b (ii)):						
a. Licensed Land Surveyors	b. Land Surveyors in Training	c. Fieldmen (Rodmen, Chainmen, etc.)		d. Draftsmen		
e. Engineers	f. Clerical & Accounting Employees					
9. States in which licensed?						
10. What is the average number of projects you work on in a week's time?						



11. Indicate the percent of total revenue derived from each of the following areas:		
Boundary Surveying	Architectural/Engineering Plans	Platting/Subdivision
Flood Plains	Street Surveying	Toxic Waste Sites; Past, Present or Future
Topography	Control Work for Aerial Survey	Route Surveying
Other – including aerial, marine, forestry, wetland delineation or mine surveying (describe)		
12. Has the applicant ever provided any service other than noted under Question 11? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If “Yes” please explain:		
13. Does the applicant provide soil or PERC testing services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the testing done by you or by others contracted by you? <input type="checkbox"/> Self <input type="checkbox"/> Others Is the Tester certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Have any of those listed in item 7b(ii) ever been the subject of disciplinary action by authorities as a result of their professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please give details:		
15. What professional association does the applicant belong to?		
16. Indicate the percent of business derived from the following client types:		
Residential Landowner	Commercial Landowner	Land Developers
Banks, Mortgage or Title Companies	Public Entities	
Other (describe):		
17. Does the applicant foresee any substantial changes in item 7a during the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please give details:		
18. Does the applicant, or any enterprise financially related to the applicant or the applicant’s principals, partners, directors, or officers engage in any of the following activities?		
Construction <input type="checkbox"/> Yes <input type="checkbox"/> No	The Letting of Construction Contracts <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction or Project Management <input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacture, Sale or Distribution of any Product, Good or Process <input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate Development <input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above are “Yes,” please explain:		



19. What percentage of the applicant's practice involves any of the following:	
a. Subletting of work to others	Type of work sublet:
b. Is evidence of insurance from consultants required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equity interest:	
20. Does the applicant provide professional services on projects in which he retains ownership interest (Basic policy exclude coverage for the projects)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If coverage is desired provide complete details	
21. Does any one contract or client represent more than 50% of annual work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please give details:	
22. Does the applicant work with other firms in joint ventures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If coverage is desired, provide complete details:	
23. Do you require all measurements and mathematical computations to be rechecked?	
24. Do you have a procedure in place requiring all field projects to have a final field review performed prior to release to the client?	
25. Do you require written documentation of all governmental or regulatory agency approvals?	
26. Do you require written documentation of all changes made to the original contract specifications?	
27. Does your contract contain a disclaimer that explains surveying is an inexact science and is subject to a certain degree of inaccuracy and opinion?	
28. Do you keep duplicate copies of all survey documents, including field notes, plans, maps and government approvals of projects, off your premises in a secure location?	



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37. Desired Term of Policy

From:

To:

The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

The Applicant understands that any subsequent contract issued by the company will be issued on a claims made form.

Date:

Producer: