



Land Surveyors / Engineers Package Liability Insurance Application

General Information	
Company Name:	
Business Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor
Contact Name:	
Phone:	Fax:
Email Address:	
Mailing Address:	
City:	State: Zip:
Year Business Started:	
Federal ID #:	(Please enter Soc. Sec. # if Sole Proprietor)
Proposed Effective Date:	
Description of Operations:	

Package Policy (General Liability and Property)	
*** Coverage for Equipment ***	
In order to quote coverage for equipment, please attach a schedule including make, model, year, vin # and cost of each item new.	
Physical Address:	
City:	State: Zip:
County:	
# of Stories in Building:	
Are You in the City Limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what fire dept responds?:
Year Building Built:	If over 25 yrs, list years and extent of updates to wiring, plumbing, roof below:

Square Footage You Occupy:					
Do You Have a Central Station Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Construction of Bldg:	<input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Other If Other:				
Replacement Cost of Building if owned by you:	\$ (don't include if you work out of your home)				
Replacement Cost of Office Contents:	\$				
Equipment/Contents used off premises:	<table border="1"> <thead> <tr> <th>Cost if Brand New</th> <th>Present Value</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	Cost if Brand New	Present Value	\$	\$
	Cost if Brand New	Present Value			
\$	\$				
(don't include these values in contents limit above)					
Do you use watercraft in your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your equipment ever waterborne?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", value: \$				
Have you had continuous coverage for the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", with whom: Policy #:				
Have you had any claims in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Liability Limits Desired:	<input type="checkbox"/> \$2,000,000 aggregate/\$1,000,000 occurrence <input type="checkbox"/> \$1,000,000 aggregate/\$500,000 occurrence				
How many years experience has management had in the industry?	Please provide details as to type of experience:				
What are the annual gross sales?	\$ (Project next 12 months if you are new in business)				
What is annual payroll & number of employees?	\$ Employees:				
Check if you need coverage for:	<input type="checkbox"/> Additional Insureds <input type="checkbox"/> Waivers of Subrogation				
Do you do oil/gas work?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what percentage of receipts?: %				

Workers' Compensation

*** Estimated Payroll for upcoming 12 months ***

Please Note: The maximum payroll to include is:

- \$43,800 for self employed (Sole Proprietors)
- \$62,400 for Executive Officers

Surveyors:	\$	# of Employees:	
Engineers:	\$	# of Employees:	
Executive Officers Who Don't Work in Field:	\$	# of Employees: (\$62,400 is maximum salary used for rating)	
Clerical Employees:	\$	# of Employees:	
Other Employees: Job Description(s) of other Employee(s):	\$	# of Employees:	
Executive Officer(s) Information			
Name	Title	% Ownership	Payroll
			\$
			\$
			\$
			\$
			\$
Do you have any: (Check if applies)	<input type="checkbox"/> Waivers of Subrogation		
Have you had continuous Workers' Comp coverage for the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer next question below		
Name of Carrier:			
Policy Number:			
Have you had any claims in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Liability Limits Desired:	<input type="checkbox"/> \$100,000 / 500,000 / 100,000 <input type="checkbox"/> \$500,000 / 500,000 / 500,000		
Are the owners covered by health insurance?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Commercial Auto Insurance

(Please Note: If you use your own personal auto, you do not need to provide commercial auto insurance information.)

Limits desired: \$1,000,000 \$500,000 \$300,000
(Please make a selection)

Vehicle Information							
	Year	Make	Model	VIN Number	Cost New*	Deductibles** Comp/Collision	County
Auto #1					\$	\$ / \$	
Auto #2					\$	\$ / \$	
	Year	Make	Model	VIN Number	Cost New*	Deductibles** Comp/Collision	County
Auto #3					\$	\$ / \$	
Auto #4					\$	\$ / \$	
Auto #5					\$	\$ / \$	

Driver Information				
	Driver Name	Date of Birth	State Licensed	Drivers License #
Driver #1				
Driver #2				
Driver #3				
Driver #4				
Driver #5				

Have you had continuous coverage for the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer next question below
Name of Carrier:	
Policy Number:	
Have you had any claims in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

* What the vehicle cost new is only required if you want full coverage (physical damage) on the auto. Even if you bought used, estimate cost new.

** If you only want liability coverage, mark "N/A".

Additional Comments

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough fields above, please enter them here.

Submission Info

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriters quotation.

Your Name:	
Your Signature:	
Your Title:	
Date:	

Important: Please check the box below. You will need to sign (above) this application and then mail it to us. You should also keep a copy of this application for your records to use as a reference for your renewal.

<input type="checkbox"/> CHECK HERE: I acknowledge that the information I am providing in this submission is true and accurate to the best of my knowledge.
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