



ENCON Group Inc.  
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# Application

## Land Surveyors

## Professional Liability Insurance

**Submitting Broker, please complete the following to assist us in processing this submission:**

Name of Brokerage: \_\_\_\_\_  
 Name of Broker Contact: \_\_\_\_\_  
 Brokerage Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 For renewal purposes only: Policy Number: \_\_\_\_\_ ISN (Client's Number): \_\_\_\_\_

1. Named Insured: \_\_\_\_\_

2. Address of Head Office: \_\_\_\_\_  
 \_\_\_\_\_

3. Date established: \_\_\_\_\_

4. Name and professional qualifications of partners:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Number of surveyors, engineers, draftsmen, fieldsmen (other than those listed in 4): \_\_\_\_\_

6. Number of all other employees: \_\_\_\_\_

7. Fee Income

Total Gross Receipts\* last year \$ \_\_\_\_\_

Estimated Gross Receipts this year \$ \_\_\_\_\_

Indicate the percentage of fees derived from surveying \_\_\_\_\_%

Indicate the percentage of fees derived from other professional services \_\_\_\_\_%

Please specify what other professional services you provide: \_\_\_\_\_  
 \_\_\_\_\_

*\* Gross Receipts are the total receipts from billing of professional services. The only deductions that should be made from gross billings are those extraordinary costs such as travel and living expenses in remote areas and rental of special equipment and conveyances such as aircraft.*

8. Is work undertaken in the United States? YES  NO

If yes, percentage of practice: \_\_\_\_\_%

9. (a) Name of Present/Previous Insurance Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
 (b) Date this insurance expires: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_
10. Is the Applicant a member of any association of land surveyors? YES  NO   
 Which one(s)? \_\_\_\_\_
11. Indicate if the Firm requires coverage with respect to:  
 Ground Testing YES  NO   
 Subsurface Conditions Survey YES  NO
12. Is the Firm aware of any circumstances which may result in any claim being made against the Firm, their predecessors in business or any of the present or past partners? YES  NO   
 If yes, please give full particulars overleaf.
13. Has any claim such as would be covered by the proposed insurance been made against the Firm or against any of the persons above? YES  NO   
 If so, state briefly nature of claim, amount involved and result, date when claim was made and date when act was committed. Please give particulars overleaf.
14. Has any application for insurance been made on behalf of the Firm or any of the present partners or, to the knowledge of the Firm on behalf of their predecessors in business, ever been declined, or has any such insurance ever been cancelled or renewal refused? YES  NO   
 If yes, please give full particulars overleaf.
15. Please state limits required:  
 (a)  \$250,000 per claim/\$500,000 aggregate  \$5,000 Deductible  \$10,000 Deductible Other \$ \_\_\_\_\_  
 (b)  \$500,000 per claim/\$1,000,000 aggregate  \$5,000 Deductible  \$10,000 Deductible Other \$ \_\_\_\_\_  
 (c)  \$1,000,000 per claim/\$1,000,000 aggregate  \$5,000 Deductible  \$10,000 Deductible Other \$ \_\_\_\_\_  
 (d)  Other: \_\_\_\_\_

## **APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact [privacy-officer@encon.ca](mailto:privacy-officer@encon.ca).

## **DECLARATIONS AND SIGNATURE**

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I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this Application shall be the basis of the contract with the Insurers.

It is understood and agreed that the completion of this Application does not bind the Insurers nor does it obligate the Applicant to purchase this insurance.

Name of Firm: \_\_\_\_\_

Signature by Senior Member: \_\_\_\_\_

Date: \_\_\_\_\_