

# Surveyors' Plan

## PSC Professional Liability Insurance Program Preliminary Interview or Fact Sheet for Land Surveyors

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**Important:** The insured should assemble copies of all documents relevant to the problem.

Name of Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is claimant represented by legal counsel? \_\_\_\_\_

### A. Policy Details

1. Certificate No.: LS \_\_\_\_\_ 2. Certificate Period: \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

3. Continuing Cert. No.: LS \_\_\_\_\_ 4. Limit: \$ \_\_\_\_\_ Agg: \$ \_\_\_\_\_

5. Deductible: \$ \_\_\_\_\_

### B. Particulars of Job

1. Job Description, Address and Location: \_\_\_\_\_  
\_\_\_\_\_

2. Owner of Project: \_\_\_\_\_

3. General Contractor (if applicable): \_\_\_\_\_

4. Other Consultants (list of known): \_\_\_\_\_

5. Description of Insured's mandate: \_\_\_\_\_  
\_\_\_\_\_

6. Date Survey Started: \_\_\_\_\_ Date Construction Started: \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

Construction Halted: \_\_\_\_\_ Date of Substantial Completion: \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

Date of Final Acceptance: \_\_\_\_\_  
(dd/mm/yyyy)

7. Please provide a copy of the contract between the insured and owner or letter of confirmation or description of contract.

**C. Particulars of the Potential Problem**

- 1. Allegations involving your work. Please provide a full description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Who is making the complaint/allegations (please attach letter)? \_\_\_\_\_  
\_\_\_\_\_
- 3. How is the complaint/allegation made if no letter? \_\_\_\_\_
- 4. Date of allegations/complaint: \_\_\_\_\_  
(dd/mm/yyyy)
- 5. Insured's opinion as the cause of problem: \_\_\_\_\_  
\_\_\_\_\_
- 6. Estimated or actual cost of remedial work if applicable: \$ \_\_\_\_\_
- 7. Is there a potential for delays or other costs? \_\_\_\_\_
- 8. Are insured's fees being paid? YES  NO   
If no, what is owed: \$ \_\_\_\_\_
- 9. What action is to be taken on fees? \_\_\_\_\_
- 10. Is there any property damage involved? \_\_\_\_\_
- 11. Is there any bodily injury involved? \_\_\_\_\_
- 12. Please describe the atmosphere between the insured and owner/client: \_\_\_\_\_  
\_\_\_\_\_

Date Prepared: \_\_\_\_\_  
(dd/mm/yyyy)