

## APPLICATION FOR ERRORS & OMISSIONS LIABILITY INSURANCE UNDER THE C.C.L.S. PROGRAM

### GENERAL INFORMATION

1. **Name of Firm or Applicant (Operating Name):** \_\_\_\_\_ **Date Established:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_  
Street City Province Postal Code

3. **Additional Operating Names, Former Firms and Holding Companies:**

**Additional Operating Names:** N/A  Per expiring policy  (otherwise list below)

**Former Firms:** N/A  Per expiring policy  (otherwise list below)

**Holding Companies:** N/A  Per expiring policy  (otherwise list below)

*Please note, if you elect to check "Per expiring policy" to any of the above, it is your responsibility to ensure the completeness and accuracy of those listed entities on the expiring policy.*

4. **Phone No.:** ( ) \_\_\_\_\_ **Fax No.:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

Names of <u>all</u> Licensed Surveyors and Engineers	Registration Number	List Provincial Assoc. and Qualifications (e.g. ALS/BCLS/P.Eng.)	Are you also a Commissioned C L S	Year of Graduation	% Ownership in firm

*Please attach a separate page is sufficient room has not been provided on this form*

6. **Total number of Staff (Include Partners):** \_\_\_\_\_ **Number of Partners:** \_\_\_\_\_  
**Number of Licensed Land Surveyors (include Partners):** \_\_\_\_\_ **Professional Engineers:** \_\_\_\_\_

7. Does the applicant currently carry Errors & Omissions Liability insurance? **YES**  **NO**

If "YES"  
 (a) through the CCLS Professional Liability Program? **YES**  **NO**   
 (b) If "NO" to '7.b.' please provide details:

Insurance Company	Limits	Deductibles	Expiry Date

8. Has any application for insurance made on behalf of the applicant, or any of its present partners, officers, directors or employees, or, to the knowledge of the firm, on behalf of their predecessors in business, been declined or cancelled, or has renewal been refused in the past five years? **YES**  **NO**



## CLAIMS DECLARATION

12. **Other than that ALREADY reported to your Insurer, does the applicant or any of its Partners, Officers, Directors or employees, have any knowledge or information of:**
- a) any alleged error, omission or negligent act which might reasonably give rise to a claim? YES  NO
- b) any claim made or threatened to be made against them ? YES  NO
- c) any unresolved job dispute or circumstance which might reasonably result in a claim? YES  NO
- d) having been called upon to make any payment, or to forego any claim for fees as a result of any job? YES  NO
- e) their license having been suspended or their having been fined or reprimanded during the **last five years**? YES  NO

**IMPORTANT NOTE: Answering "YES" to any of the above questions DOES NOT constitute reporting to the Insurer. All incidents or claims must be reported to our offices or the Insurer, in writing.**

In the event that the answer is "YES" to any of the above questions, please provide details including dates, claimants, circumstances and the amount claimed, the amount of the settlement and the cost of defence on a separate sheet of paper.

**Please note that any claims reported could be discussed with the Canadian Council of Land Surveyor's Professional Liability Insurance Committee and the Insurers and other relevant parties.**

## LIMITS AND DEDUCTIBLES

### 13. Limits of Liability

Please note, a quote sheet showing all available limits of liability offered under the CCLS Errors & Omissions Liability program will be faxed, mailed or emailed to you. Please indicate your preferred delivery method for the quote:

*(Note: faxes, mailings and emails will be sent to the number / address / email provided in the "GENERAL INFORMATION" section of this application)*

Fax  Mail  Email

*No coverage will be bound until you advise us of the limits and deductibles you require and forward the applicable premium to our offices, unless otherwise agreed.*

### 14. Deductibles

Please note, the quote sheet provided to you will show all available deductibles offered under the CCLS Errors & Omissions Liability program.

The maximum deductible allowed is 5% of gross fees, subject any minimum required under your Provincial Association by-laws. **If your gross fees are less than \$100,000 then the maximum deductible permitted will be \$ 5,000.**

15. **Do you wish to use our financing facilities?** YES  NO   
*(Premiums under \$1,500.00 can not be financed, we can accept VISA or MC with a small processing charge – 2.5%)*

## DECLARATIONS

This class of insurance ***is not automatically renewed*** unless a **SIGNED** and fully completed application is received in our offices, together with the premium due, before the expiry date of your present policy. Please also note that if you are aware of a claim or circumstance that could lead to a claim, it must be reported to your present insurer **BEFORE** the expiry date of your present policy for coverage to respond.

"The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the conditions of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

**Applicable to Residents of BC. only:** I/We hereby authorize Jardine Lloyd Thompson Canada Inc. or The Provincial Association of B.C. Land Surveyors to provide details regarding the limits and deductibles of any contract of insurance that is effected by the completion of the application to the Ministry of Transportation and Highways, B.C. and issue a 30 Days Notice of Cancellation endorsement to the Ministry of Transportation and Highways.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Company: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_  
Signature of Principal or Partner

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

All quotations and any policy coverage that is bound will be provided by **Ante Petricevic** acting in an underwriting capacity on behalf of insurers who, under a binding authority agreement, has been given the authority to confirm insurance terms, conditions and premium.