



ENCON Group Inc.
500-1400 Blair Place
Ottawa, Ontario K1J 9B8
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.encon.ca

Claim/Incident Report

Canadian Council of Land Surveyors Professional Liability Insurance Program

Date: _____ Your Policy No.: LS _____

Full Name of Insured: _____

Address: _____

Phone No.: _____ Contact Name: _____

(LS responsible for project)

Claimant(s): _____

Other Defendant(s): _____

Date of Incident: _____

Date you were Notified: _____

Brief Description of Claim/Incident: _____

Please circle the code description on the attached sheet that most accurately describes the claim/incident.

Signature

PLEASE FORWARD THIS FORM ALONG WITH A COPY OF ANY DEMAND LETTER AND/OR LEGAL PROCEEDING TO BOTH ENCON GROUP INC. AND YOUR BROKER AT THE ADDRESSES LISTED BELOW:

Jardine Lloyd Thompson Canada Inc.
Sun Life Plaza, West Tower
300 112 – 4th Avenue SW
Calgary AB T2P 0H3
Telephone: 800-461-5142
Facsimile: 403-265-5505

ENCON Group Inc.
500-1400 Blair Place
Ottawa ON K1J 9B8
Telephone: 800-267-6684
Facsimile: 613-238-7180

PLEASE NOTE THAT ANY CLAIMS REPORTED COULD BE DISCUSSED WITH THE CANADIAN COUNCIL OF LAND SURVEYORS PROFESSIONAL LIABILITY INSURANCE COMMITTEE, THE INSURERS, THE BROKER, AND ANY OTHER RELEVANT PARTIES.

Please **circle** a code from each box that most accurately describes the claim/incident.

2 Discipline Codes

Type of Survey Project	Clients/Claimant
01 Seismic	01 Municipalities
02 Geodetic/Control	02 Government (Provincial/Federal)
03 Mapping/Topographic	03 Commercial/Developer
04 Marine/Hydrographic	04 Resource
05 Engineering Surveys	05 Private/Individual
06 Construction Layouts	06 Agricultural
07 Oil/Mining	07 Lawyers
08 Mortgage Certificates/Building Certificates	08 Engineers
09 Legal Surveys/Quieting of Title Surveys	09 Industrial
10 Other – please list _____	10 Other – please list _____
_____	_____
_____	_____
_____	_____

3 Cause Codes

Alleged Error/Allegation	Resulting Problems/Loss
01 Transposition of Number	18 Elevation Incorrect
02 Technical Computation	19 Horizontal Location Incorrect
03 Horizontal Measurement	20 Encroachment Problem
04 Vertical Measurement	21 Property Boundary Located Incorrectly
05 Lack of Information/Incorrect Information provided	22 Property Damage
06 Incorrect Survey Monument Used	23 Bodily Injury
07 Improper or Insufficient Check of Documentation	24 Area Calculation Error
08 Drafting Error	25 Delay
09 Communication problem between LS and Client	26 Other – please list _____
10 Other – please list _____	_____
_____	_____
_____	_____
_____	_____



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Preliminary Interview or Fact Sheet for Land Surveyors

Name of Insured: _____

Address: _____

Phone: _____ Fax: _____

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/yy) (dd/mm/yy)
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/yy) (dd/mm/yy)
Construction Halted: _____ Date of Substantial Completion: _____
(dd/mm/yy) (dd/mm/yy)
Date of Final Acceptance: _____
(dd/mm/yy)
7. Provide copy of contract between insured and owner or letter of confirmation or description of contract.

C. PARTICULARS OF THE POTENTIAL PROBLEM

1. Type of Survey (please check applicable category)
(a) Seismic (b) Geodesic/Central Surveys (c) Mapping/Topographic (d) Marine/Hydro
(e) Engineering Surveys (f) Construction Layout (g) Mortgage Certificates/Building Certificates
(h) Oil Mining (i) Legal Surveyors/Quieting of Title Surveys (j) Other
2. Type of Clients/Owners (please check applicable category)
(a) Municipalities (b) Government – Provincial/ Federal (c) Commercial/Developer
(d) Resource (e) Private Individual (f) Agriculture (g) Lawyers
(h) Engineers (i) Industrial (j) Others
3. Allegations involving your work. Provide full description: _____

4. Alleged error causes code (please check applicable category):
(a) Transposition of number (b) Technical computation error (c) Horizontal measurement error
(d) Vertical measurement error (e) Lack of information/incorrect information provided
(f) Incorrect survey monument used (g) Improper or insufficient check of documentation
(h) Drafting error (i) Communication problem between insured and his client (j) Other
5. Who is making the complaint/allegations (please attach letter)? _____

6. How is the complaint/allegation made if no letter? _____
7. Date of allegations/complaint: _____
(dd/mm/yy)
8. Insured's opinion as the cause of problem: _____

9. Estimated or actual cost of remedial work if applicable: \$ _____
10. Is there a potential for delays or other costs? _____
11. Are insured's fees being paid? If not, what is owed: \$ _____
12. What action is to be taken on fees? _____
13. Is there any property damage involved? _____
14. Is there any bodily injury involved? _____
15. Resulting problem (please check applicable category):
(a) Elevation Incorrect (b) Horizontal Location Incorrect (c) Encroachment Problem
(d) Property Boundary Located Incorrectly (e) Property Damage (f) Bodily Injury
(g) Area Calculation Error (h) Delay (i) Other
16. Describe atmosphere between insured and owner/client: _____

Date Prepared by Adjuster: _____ Date Received by Adjuster: _____
(dd/mm/yy) (dd/mm/yy)