



APPLICATION for ERRORS and OMISSIONS Insurance under the CCLS Program for Land Surveyors Past Acts or Retired Land Surveyors

1. Name of Applicant: _____
2. Address: _____

Street	City	Province	Postal Code
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3. Name of Former Firm: _____
4. Phone No: () _____ Fax No: () _____ email: _____
5. Date Ceased Private Practice or date Prior Acts is to be applicable: _____

	Month	Day	Year
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6. Were you an: (a) Employee ___ or (b) a Principal/Director of the firm noted in Q3. above _____
7. Are you now **FULLY** Retired ___ Employed Elsewhere ___ If so where: _____
8. Have you previously carried Errors & Omissions insurance? If "YES" please provide details:

<i>Insurance Company</i>	<i>Limits</i>	<i>Deductible</i>	<i>Last Expiry Date</i>
9. Are you still a member of a Provincial Surveying Association in any capacity? YES ___ NO ___
If so, which Provincial Association?
10. Have you earned any fees from Land Surveying activities **during the last Fiscal year** or since you last completed an application to join the C.C.L.S. Retired Land Surveyors' Program? YES ___ NO ___
If Yes, please give details of Client and amount earned:
11. Are you aware of any alleged negligent act, error or omission, which might reasonably give rise to a claim at a later date? YES ___ NO ___

In the event that the answer is "YES" to the above question, please provide details including dates, claimants, circumstances and the amount claimed and 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 Insurance Committee and the Insurers and any other relevant parties.**

This class of insurance is NOT automatically renewed unless a signed and fully completed original application has been received in our offices. An application is required each year unless otherwise stated. **Please note the Retired/Past Acts policy, only covers the individual Surveyor and there is NO coverage provided under the policy for the Company(ies) that the Surveyor has owned or worked for.** Any Policy document issued is kept by your local Provincial Association.

I declare that the statements and particulars in this application are true and that I have *not misstated or suppressed any material facts*. I agree that this application, together with any other information supplied by me shall form the basis of any Contract of Insurance effected thereon. I undertake to inform Underwriters of any material alteration of these facts whether occurring before or after completion of the Contract of Insurance.

For and on behalf of: _____ Dated this ___ day of _____ 20__.
Signature of Applicant

Status	Verification	Date	Provincial Association
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