

HALL & COMPANY

Professional Liability Insurance Brokers

**LAND SURVEYORS
PROFESSIONAL LIABILITY INSURANCE
DIRECTORS AND OFFICERS INSURANCE
EMPLOYMENT PRACTICES LIABILITY INSURANCE**

GENERAL INFORMATION

1. Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Principal Contact: _____ Title: _____

Email: _____ Phone: _____

Fax: _____ Website: _____

Firm Is: Corporation Partnership LLC / LLP Sole Proprietorship Joint Venture

Predecessor Firm Name(s): _____

Date original firm commenced operations: _____ Federal Tax ID #: _____

CHANGES

2. Has the proposed applicant or any subsidiary in the past three years been involved with, or contemplates in the next 12 months:

a) Any actual or proposed merger, acquisition or divestment Yes No

b) Any registration for a public offering or a private placement of securities Yes No

Explain any Yes responses:

EMPLOYMENT

3. Number Of Staff:

| Principals | Licensed Professionals | Technical | Admin. | Total |
|------------|------------------------|-----------|--------|-------|
| | | | | |

4. Does the Applicant have a human resources department? Yes No

5. Does Applicant have a human resources manual or equivalent written guidelines? Yes No

6. Does a labor lawyer review the guidelines or procedures? Yes No

7. Is an attorney consulted prior to discharging an employee for cause? Yes No

8. If the applicant does have a human resources manual or equivalent written guidelines, does it contain a policy or procedure for the following:

| | | | |
|--|--|------------------------------------|--|
| a. Hiring/interviewing | Yes <input type="checkbox"/> No <input type="checkbox"/> | h. Fitness for work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Terminations, redundancy, and early retirements | Yes <input type="checkbox"/> No <input type="checkbox"/> | i. Polygraph testing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Performance appraisal | Yes <input type="checkbox"/> No <input type="checkbox"/> | j. Sexual harassment | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Discipline | Yes <input type="checkbox"/> No <input type="checkbox"/> | k. Age discrimination | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Grievance procedure | Yes <input type="checkbox"/> No <input type="checkbox"/> | l. Sexual Discrimination | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Drug testing | Yes <input type="checkbox"/> No <input type="checkbox"/> | m. Racial Discrimination | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Confidential treatment of medical examinations | Yes <input type="checkbox"/> No <input type="checkbox"/> | n. Americans with Disabilities Act | Yes <input type="checkbox"/> No <input type="checkbox"/> |

9. For the past year, indicate number of those who have:

| | | | |
|-------------------------------------|--|-------------------------|--|
| a. Been terminated by the applicant | | b. Resigned voluntarily | |
|-------------------------------------|--|-------------------------|--|

10. Full name and professional qualification of all Principals, Partners or Officers of current firm(s) and dates of employment.
(Registration and degrees, date and state acquired).

| Name | Dates of Employment | Degree Acquired | Registration & State Acquired In | Date Registration Acquired |
|------|---------------------|-----------------|----------------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

11. Are all individuals above or any other land surveyor who are in responsible charge of projects for the applicant members of an ACSM Member organization? Yes No

GROSS BILLINGS

12. Firm's gross annual billings for the past three fiscal years:

| | Year | Gross Annual Billings |
|--------------------|------|-----------------------|
| a. Last Year | | |
| b. Two Years Ago | | |
| c. Three Years Ago | | |

13. Total gross billings for the most recent full fiscal year for professional services (whether collected or not) including reimbursable expenses and sub-consultants:

| PROFESSIONAL SERVICES | GROSS ANNUAL BILLINGS |
|--|-----------------------|
| a. Joint Venture projects (Your portion of JV billings) | |
| b. Projects Insured under separate Project Policies | |
| c. Projects which have been permanently abandoned | |
| d. Feasibility studies, master plans, reports, opinions, or interior design. Note: Interior design refers to interior non-structural services | |
| e. Civil Engineering | |
| f. Land Surveying | |
| g. Direct Reimbursables by contract (i.e. travel, per diem, billings for reproduction, etc.) DO NOT include Sub consultants | |
| h. Sub consultants | |
| i. All other billings | |
| j. Total past year (Total of a. through i. above) Note: Should match Question 12a. | |
| k. Gross Annual Billings Estimated For Coming Year | |

CONTRACTS/CERTIFICATES

14. a) Please indicate applicant's gross receipts in percentages (Total must equal 100%):

| Industry Std. (AIA/ ACEC/ ASFE) | Firm's Standard | Letter Agreement | Purchase Order | Client Agreement | Oral Agreement | Total |
|---------------------------------|-----------------|------------------|----------------|------------------|----------------|-------|
| | | | | | | |

b) Are written contracts used for all subcontractors and subconsultants? Yes No
 c) Are certificates of insurance obtained from all subcontractors and subconsultants? Yes No

PROFESSIONAL DISCIPLINES

15. Please indicate disciplines as a percentage of gross billings:

| DISCIPLINE | % | DISCIPLINE | % |
|---|---|------------------------------|---|
| Subdivision Work | | Boundary or property surveys | |
| Route surveys for engineering projects | | Photogrammetric surveys | |
| Geodetic or control surveys | | Mapping or cartography | |
| Topographic surveys | | Construction staking | |
| Hydrographic surveys | | Other _____ | |
| Plans and/or specifications for streets or highways, natural drainage systems, utilities, or building and other structures. Please describe these exposures in detail on a separate sheet and attach when submitting this form. | | Other _____ | |
| | | | |

PROJECTS

16. Please indicate types of projects as a percentage of gross billings:

| PROJECT TYPE | % | PROJECT TYPE | % |
|--|---|----------------------------------|---|
| Schools, Colleges or Public Buildings | | Roads/Highways | |
| Hospitals, Retirement Homes, or Convalescent Hospitals | | Bridges, Trestles or Tunnels | |
| Hotels, Motels, or Resort Properties | | Land Reclamation Design | |
| Condominiums | | Structures for Offshore Use | |
| Garages, Theaters, or Grandstands | | Harbors, Jetties, Docks or Piers | |
| Shopping Centers | | Machine Design/Mechanical Design | |
| Office, Mercantile, Commercial Buildings | | Earth Dams/Reservoirs | |
| Public Utilities or Industrial Buildings | | Pipelines | |
| Single Family Residential Subdivisions | | Petrochemical | |
| Custom Single Family Residential | | Mines and Quarries | |
| Apartments and Other Multi-Family | | Nuclear Projects | |
| Sewage or Waste Disposal Systems | | Other | |
| Water Systems | | Other | |
| Churches | | Total | |

17. Is the firm or any subsidiary, parent or other organization related to the firm engaged in:

- a. Actual construction, fabrication or erection Yes No
- b. The manufacture, sale or distribution of any product or process or patented production process Yes No
- c. Survey of bridges (over 50 feet), tunnels or dams Yes No
- d. Real estate development Yes No
- e. Survey of retaining walls: Yes No
- f. Highways Yes No
- g. Survey of subservice conditions: Yes No
- h. Ground testing (other than percolation tests) Yes No
- i. Hazardous/toxic disposal sites, superfund sites, underground storage tanks, solid waste sites or landfills. Yes No

If the answer is yes to any of Question 17, please provide full details, including a description of the services performed, sample contract(s), construction and fees received. If more space is needed please attach additional information when you submit this application.

INSURANCE

18. Does the firm currently carry professional liability insurance? Yes No

19. Please provide details of any Professional Liability, Directors & Officers Liability, Employment Practices Liability, and General Liability insurance presently carried:

| Type of Insurance | Company | Per Claim Limit | Aggregate Limit | Deductible | Annual Premium | Expiration Date | Retroactive Date |
|------------------------|---------|-----------------|-----------------|------------|----------------|-----------------|------------------|
| Professional Liability | | | | | | | |
| Directors & Officers | | | | | | | |
| Employment Practices | | | | | | | |
| General Liability | | | | | | | |

20. The firm would like a quotation for Professional Liability based on the following limit(s) and deductible(s)

| Per Claim Limit | Aggregate Limit | Deductible |
|-----------------|-----------------|------------|
| | | |
| | | |
| | | |

The policy automatically provides limits of \$250,000 for Directors and Officers Insurance and Employment Practices Liability Insurance with a deductible of \$5,000. These limits are included within and are not in addition to the professional liability limit provided.

21. Do you have a Specific Additional Project Limit Endorsement on your current policy? Yes No

22. a) Is your firm a named Insured under a project policy? Yes No

b) If yes, please provide the following information for all projects.
(If more than one, please attach additional information when you submit the application.)

| Carrier | Policy Term (Inception/Expiration) | Discovery Period | Limit of Liability | Deductible | Project Name |
|---------|---------------------------------------|------------------|--------------------|------------|--------------|
| | | | | | |

c) What are your firm's annual gross billings, from 12.a, that were associated with this project? _____

23. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for professional liability Insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri)
If yes, please provide details below. Yes No

CLAIMS

24. Litigation: circumstances, previous losses and claims

a) Have any claims, proceedings or suits ever been made or threatened in the past ten years against the Applicant or any entity intended to be covered or any present or former directors, officers, trustees or employees? Yes No

b) Is the Applicant or any entity or person intended to be covered aware of any negligent act, error or any other fact, circumstance or situation which may reasonably be expected to give rise to a claim against it or any of its directors, officer, trustees or employees? Yes No
(This question applies to Professional Liability, Directors and Officers Liability and Employment Practices Liability.)

If yes to either question, please complete the Claim Reporting Form on page 5 otherwise proceed to page 6.

Claim Reporting Form

For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:

Full name of the entity and / or individual(s) involved in the claim:

Additional defendant(s):

Full name of the claimant(s):

Date of alleged act, error or omission: _____

Name of the insurance company to whom this claim has been reported:

Date Claim was made: _____ Present status of the claim: _____

If claim is closed, please state:

Total Damages paid/outstanding: _____ Defense Expense paid/outstanding: _____

If claim is open, please state:

The maximum amount demanded: _____ Your opinion as to the likely settlement value: _____

Insurance Company loss reserves: _____

If settlement negotiations have begun, please state:

Claimant's settlement demand: _____ Defendant's offer to settle: _____

Defense cost to date: _____

Description of claim:

Name and address of Attorney who provided defense:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION

The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application if, subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

YOUR SIGNATURE AND AUTHORIZATION

Name _____ Date _____

Title _____

Applicant's Signature _____

To submit the application follow the instructions in the order listed below.

- 1. Save a copy of the completed application to your computer for your records.
- 2. Print, sign and mail or fax a copy of the completed application to Hall & Company at the address below. (A signed application is needed to complete underwriting.)
- 3. Submit completed application to Hall & Company. Alternatively you can fax the application to (360) 598-3703 or mail to the address below.

When you press the Submit button an e-mail window will open with the application attached.

Please attach to this e-mail the following additional documents.

- 1. A copy of your current Declarations page if you presently carry Professional Liability Insurance.
- 2. Your company's brochure or Statement of Qualifications.
- 3. Additional information from questions 15, 17 and/or 22, if needed.
- 4. A list of all subsidiaries proposed for coverage, including the following information: the nature of business, name of owner(s), percent owned by each owner and the date created or acquired.
- 5. Please attach any additional information regarding your firm and its services that you wish us to consider.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with the documents listed above to submittals@hallandcompany.com.

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