

# 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	
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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:

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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](mailto:submittals@hallandcompany.com).

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