

Surveyors' Plan

PSC Professional Liability Insurance Program Claim/Potential Claim Report

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/Potential Claim: _____

Signature

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

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Please **select** a code from each box that most accurately describes the claim/potential claim.

DISCIPLINE CODES

TYPE OF SURVEY PROJECT	CLIENTS/CLAIMANT
<input type="checkbox"/> 01 Seismic	<input type="checkbox"/> 01 Municipalities
<input type="checkbox"/> 02 Geodetic/Control	<input type="checkbox"/> 02 Government (Provincial/Federal)
<input type="checkbox"/> 03 Mapping/Topographic	<input type="checkbox"/> 03 Commercial/Developer
<input type="checkbox"/> 04 Marine/Hydrographic	<input type="checkbox"/> 04 Resource
<input type="checkbox"/> 05 Engineering Surveys	<input type="checkbox"/> 05 Private/Individual
<input type="checkbox"/> 06 Construction Layouts	<input type="checkbox"/> 06 Agricultural
<input type="checkbox"/> 07 Oil/Mining	<input type="checkbox"/> 07 Lawyers
<input type="checkbox"/> 08 Mortgage Certificates/Building Certificates	<input type="checkbox"/> 08 Engineers
<input type="checkbox"/> 09 Legal Surveys/Quieting of Title Surveys	<input type="checkbox"/> 09 Industrial
<input type="checkbox"/> 10 Other – Please List: _____	<input type="checkbox"/> 10 Other – Please List: _____
_____	_____
_____	_____

CAUSE CODES

ALLEGED ERROR/ALLEGATION	RESULTING PROBLEM/LOSS
<input type="checkbox"/> 01 Transposition of number	<input type="checkbox"/> 18 Elevation incorrect
<input type="checkbox"/> 02 Technical computation	<input type="checkbox"/> 19 Horizontal location incorrect
<input type="checkbox"/> 03 Horizontal measurement	<input type="checkbox"/> 20 Encroachment problem
<input type="checkbox"/> 04 Vertical measurement	<input type="checkbox"/> 21 Property boundary located incorrectly
<input type="checkbox"/> 05 Lack of information/incorrect information provided	<input type="checkbox"/> 22 Property damage
<input type="checkbox"/> 06 Incorrect survey monument used	<input type="checkbox"/> 23 Bodily injury
<input type="checkbox"/> 07 Improper or insufficient check of documentation	<input type="checkbox"/> 24 Area calculation error
<input type="checkbox"/> 08 Drafting error	<input type="checkbox"/> 25 Delay
<input type="checkbox"/> 09 Communication problem between LS and client	<input type="checkbox"/> 26 Other – Please List: _____
<input type="checkbox"/> 10 Other – Please List: _____	_____
_____	_____
_____	_____

PLEASE FORWARD THIS FORM ALONG WITH A COPY OF ANY DEMAND LETTER AND/OR LEGAL PROCEEDING TO ENCON GROUP INC.

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