

Surveyors' Plan

PSC Professional Liability Insurance Program Preliminary Interview or Fact Sheet for Land Surveyors

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/yyyy) (dd/mm/yyyy)

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/yyyy) (dd/mm/yyyy)

Construction Halted: _____ Date of Substantial Completion: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Date of Final Acceptance: _____
(dd/mm/yyyy)

7. Please provide a copy of the contract between the insured and owner or letter of confirmation or description of contract.

C. Particulars of the Potential Problem

- 1. Allegations involving your work. Please provide a full description: _____

- 2. Who is making the complaint/allegations (please attach letter)? _____

- 3. How is the complaint/allegation made if no letter? _____
- 4. Date of allegations/complaint: _____
(dd/mm/yyyy)
- 5. Insured's opinion as the cause of problem: _____

- 6. Estimated or actual cost of remedial work if applicable: \$ _____
- 7. Is there a potential for delays or other costs? _____
- 8. Are insured's fees being paid? YES NO
If no, what is owed: \$ _____
- 9. What action is to be taken on fees? _____
- 10. Is there any property damage involved? _____
- 11. Is there any bodily injury involved? _____
- 12. Please describe the atmosphere between the insured and owner/client: _____

Date Prepared: _____
(dd/mm/yyyy)