

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"/> 02 Geodetic/Control <input type="checkbox"/> 03 Mapping/Topographic <input type="checkbox"/> 04 Marine/Hydrographic <input type="checkbox"/> 05 Engineering Surveys <input type="checkbox"/> 06 Construction Layouts <input type="checkbox"/> 07 Oil/Mining <input type="checkbox"/> 08 Mortgage Certificates/Building Certificates <input type="checkbox"/> 09 Legal Surveys/Quieting of Title Surveys <input type="checkbox"/> 10 Other – Please List: _____ _____ _____	<input type="checkbox"/> 01 Municipalities <input type="checkbox"/> 02 Government (Provincial/Federal) <input type="checkbox"/> 03 Commercial/Developer <input type="checkbox"/> 04 Resource <input type="checkbox"/> 05 Private/Individual <input type="checkbox"/> 06 Agricultural <input type="checkbox"/> 07 Lawyers <input type="checkbox"/> 08 Engineers <input type="checkbox"/> 09 Industrial <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"/> 02 Technical computation <input type="checkbox"/> 03 Horizontal measurement <input type="checkbox"/> 04 Vertical measurement <input type="checkbox"/> 05 Lack of information/incorrect information provided <input type="checkbox"/> 06 Incorrect survey monument used <input type="checkbox"/> 07 Improper or insufficient check of documentation <input type="checkbox"/> 08 Drafting error <input type="checkbox"/> 09 Communication problem between LS and client <input type="checkbox"/> 10 Other – Please List: _____ _____ _____	<input type="checkbox"/> 18 Elevation incorrect <input type="checkbox"/> 19 Horizontal location incorrect <input type="checkbox"/> 20 Encroachment problem <input type="checkbox"/> 21 Property boundary located incorrectly <input type="checkbox"/> 22 Property damage <input type="checkbox"/> 23 Bodily injury <input type="checkbox"/> 24 Area calculation error <input type="checkbox"/> 25 Delay <input type="checkbox"/> 26 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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