PSC professional liability insurance program
Claim/Potential claim report

Date (dd/mm/yyyy): _____ 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 (dd/mm/yyyy): _____

Date you were notified (dd/mm/yyyy): _____

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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Surveyors'Plan

PSC professional liability insurance program
Claim/Potential claim report

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

Discipline codes

Type of survey project	Clients/Claimant
☐ 01 Seismic	☐ 01 Municipalities
☐ 02 Geodetic/Control	☐ 02 Government (Provincial/Federal)
☐ 03 Mapping/Topographic	☐ 03 Commercial/Developer
☐ 04 Marine/Hydrographic	☐ 04 Resource
☐ 05 Engineering surveys	☐ 05 Private/Individual
☐ 06 Construction layouts	☐ 06 Agricultural
☐ 07 Oil/Mining	☐ 07 Lawyers
☐ 08 Mortgage certificates/Building certificates	☐ 08 Engineers
☐ 09 Legal surveys/Quieting of title surveys	☐ 09 Industrial
☐ 10 Other (please list): _____	☐ 10 Other (please list): _____
_____	_____
_____	_____

Cause codes

Alleged error/Allegation	Resulting problem/Loss
☐ 01 Transposition of number	☐ 18 Elevation incorrect
☐ 02 Technical computation	☐ 19 Horizontal location incorrect
☐ 03 Horizontal measurement	☐ 20 Encroachment problem
☐ 04 Vertical measurement	☐ 21 Property boundary located incorrectly
☐ 05 Lack of information/Incorrect information provided	☐ 22 Property damage
☐ 06 Incorrect survey monument used	☐ 23 Bodily injury
☐ 07 Improper or insufficient check of documentation	☐ 24 Area calculation error
☐ 08 Drafting error	☐ 25 Delay
☐ 09 Communication problem between LS and client	☐ 26 Other (please list): _____
☐ 10 Other (please list): _____	_____
_____	_____
_____	_____

Please forward this form along with a copy of any demand letter and/or legal proceeding to Victor Insurance Managers Inc.

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Gallagher
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PROFESSIONAL SURVEYORS CANADA
GÉOMÈTRES PROFESSIONNELS DU CANADA

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