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 (dd/mm/yyyy): From: _____ To: _____
3. Continuing certificate 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 (dd/mm/yyyy): _____

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

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

   Date of substantial completion (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.

Gallagher
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PROFESSIONAL SURVEYORS CANADA
GÉOMÈTRES PROFESSIONNELS DU CANADA

VICTOR

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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 to the cause of the problem:

   _____

6. Estimated or actual cost of remedial work if applicable: $_____

7. Is there a potential for delays or other costs? YES ☐ NO ☐

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): _____

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