Part one – Small Firm Questionnaire for Land Surveyors & Land Design Professionals

STRATUM Insurance Agency LLC
CA Lic 0E52066

RLI®

Please answer all questions completely. This form must be completed signed and dated by a principal, partner, or officer of the firm. Please type or print.

Do these statements accurately describe your firm?

- Our firm is a licensed or registered surveying firm, architectural, engineering in private practice that generated less than $250,000 in gross receipts in the prior 12 months and has less than 2 professional liability claims for a total of $10,000 in the past 5 years;
- Neither the firm, nor any licensed professional employed by the firm, has ownership interest in a construction or manufacturing entity and all principals generate their primary source of income from firm activity;
- No licensed professional has ever been involved in a revocation of license matter;
- The firm is not engaged in design/build, construction management (A/E led) or fast track project delivery;
- The firm does not engage in soils, process, chemical, nuclear, marine, mining, or environmental engineering;
- At last 90% of projects are delivered under written contracts.

☐ Yes ☐ No if "No," Please STOP and complete full application available from your broker

Firm's full name (to be designated as First Named Insured): _____

Street address: _____

Mailing address: _____ City, State, Zip: _____

Contact Name: _____ Telephone: _____ E-mail: _____

Year Firm Established: _____ Total # of Employees: _____ Website Address: _____

1. **Financial Information:** Provide your firm's GROSS FEES attributable to the following years. GROSS FEES means the exact dollar amount of your firm's gross revenue, but not including interest income, rental income, or sales and service taxes.

   Next Year: $_____ This Year: $_____ Last Year: $_____ Two Years Ago: $_____

   Fees attributable to sub-consultants last year: Structural: _____% Other: _____%

2. **Professional Disciplines/Project Types:** Provide the percentages, based on your firm's GROSS FEES, attributable to the disciplines and project types provided by your firm, excluding subconsultants. **(Note: Each section should total 100%.)**

Aerial/Photogrammetric Surveys	%	Mapping or Cartography	%	Civil Engineer – Other*	%
As Built Surveys	%	Mortgage/Title Surveys	%	Civil Engineer – WWTP	%
Boundary or Property Surveys	%	Plans/Specifications	%	Geotechnical field services (drilling)	%
Building Location Surveys	%	Residential Subdivision Surveys	%	Landscape Architect	%
Construction Stakeout	%	Right of Way Surveys	%	Traffic Engineer	%
Flood Plain Surveys	%	Route Surveys for Engineering Projects	%	*Other	%
Global Positioning Systems (GPS) Surveying	%	Topographic Surveys	%	*Other	%
Hydrographic Surveys	%	Utility Location	%	*Other	%

   Feasibility Studies: ____% Office/Industrial/Commercial: ____% High Rise: ____% Residential (other than Condominiums): ____%
   Condominiums: ____% Primary & Secondary Schools: ____% Higher Educational Institutions: ____% Hotels: ____% Roads/Highways: ____%
   Utilities: ____% Other: _____% = 100%

3. Indicate approximate % of contracts containing Limitation of Liability limiting your exposure to less than $250,000: _____%

4. Indicate % of employees that are LEED certified: _____%

5. **Prior Insurance:** Provide the following about your firm's current Professional Liability insurance:

Insurance Company	Policy Period	Per Claim / Agg. Limit	Deductible	Premium
_____	_____ to _____	$_____/$_____	$_____	$_____

   Retroactive date on policy _____ Years continuous coverage? _____ First Dollar Defense ☐ Yes ☐ No

6. After inquiry, do any directors, officers, principals, partners, insurance managers, of the firm for which coverage is sought, have knowledge of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim? ☐ Yes ☐ No

7. Within the past five years, have any claims been made or legal action brought against the firm, its predecessor(s), or any past or present principals, partners, insurance managers, or employees? ☐ Yes ☐ No

   # of claims _____ Total $ Paid/Incurred (inclusive of reserves) _____

8. Please confirm existence of General Liability insurance with a Certificate of Insurance or other itemized list of policies.

9. Please briefly describe on a separate sheet of paper your overall approach to Risk Management and Loss Control.

_____ _____

Date of Questionnaire Signature of Principal, Partner, Officer, or Director