



CG&B Professional Liability
 A division of The CG&B Group Inc.
 120 South Town Centre Blvd.
 Markham, Ontario, Canada L6G 1C3
 Tel: 905-479-6670 F: 905-479-9164
 Toll free: 1-800-267-6670
 www.cbggroup.com

**ASSOCIATION OF ONTARIO LAND SURVEYORS
 PROFESSIONAL LIABILITY INSURANCE APPLICATION**

**PLEASE ENSURE YOUR MOST RECENT AVAILABLE FINANCIALS ARE ATTACHED,
 OTHERWISE YOUR COVERAGE CANNOT BE RENEWED NOR A QUOTATION PROVIDED.**

DO NOT DELAY SUBMITTING YOUR APPLICATION AWAITING CURRENT YEAR FINANCIALS.

1. a) Full Name and Address of Applicant:

b) Telephone: () _____ Fax: () _____ Email: _____

c) Has any of the above contact information changed within the last year? Yes No

d) This application is for a: New Applicant Renewing Applicant

2. List all Ontario Land Surveyors to be insured by the Applicant as of application date:

<u>NAME:</u>	<u>O.L.S. NUMBER:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Note: Any change in the above information occurring during the policy term must be immediately reported to the AOLS.
 Policy premium changes may also apply.**

3. a) Actual Gross Income last fiscal year: \$ _____
 b) Estimated Gross Income next fiscal year: \$ _____
 c) List activities of firm by percent of Gross Income:

- | | | |
|--|-------|---|
| 1) Cadastral (Legal) Surveys | _____ | % |
| 2) Construction Layout & Engineering Surveys | _____ | % |
| 3) GIS/LIS Work | _____ | % |
| 4) Other (Please specify) | _____ | % |

TOTAL: _____ **100** %



4. In the past year, have you earned any revenue from work performed outside Canada? Yes No

If "Yes", please attach a separate sheet providing details including Location, Nature of Service, Revenue, Client, and Date Services Performed.

5. **PROFESSIONAL LIABILITY CLAIMS:**

Note: This question pertains only to claims that have NOT been previously reported to ING Novex or its Authorized Representative under the AOLS Professional Liability Program.

a) Do you have any knowledge or information of any negligent act, any error, any omission, or breach of duty that might give rise to a claim against you, or any reason to anticipate that a claim might be brought against you? Yes No

If "Yes", please provide details:

b) **FOR NEW APPLICANTS ONLY:**

Have you ever had a claim made against you arising out of the performance of professional services? Yes No

If "Yes", please provide details, including the date, claimant, circumstances, amount(s) involved, and whether the claim is currently open or closed.

I / We hereby declare that to the best of my / our knowledge, the statements set forth herein are true. Signing of this application does not bind the applicant, CG&B Professional Liability, or the Insurer to complete the Insurance, but is agreed that this form shall be the basis of the contract should a policy be issued.

Name of Applicant: _____

Signed by: _____

Title: (Owner, Officer, Partner) _____ Date: _____

**PLEASE ENSURE YOUR MOST RECENT AVAILABLE FINANCIALS ARE ATTACHED.
OTHERWISE YOUR COVERAGE CANNOT BE RENEWED NOR A QUOTATION PROVIDED.**

DO NOT DELAY SUBMITTING YOUR APPLICATION AWAITING CURRENT YEAR FINANCIALS.