








Insurance Program

Thank you for the opportunity to present the endorsed **NSPS Insurance Program**. The purpose of this packet is to acquaint you with the management, business philosophy, program history and service capabilities within the only endorsed Agency, **Assurance Risk Managers, Inc. dba: ARM Multi Insurance Services (ARM (CA#0C73841))**. Founded in 1998, ARM is an independent insurance agency with physical offices in Aurora, Colorado, Woodland, California and remote offices coast to coast.

We have built a reputation with our extensive experience working with **Land Surveyors**, as an Agency with commitment of quality, honesty, integrity and superior level of service. This recognition comes from strong roots in the Land Surveying industry and over two decades of developing exclusive coverage's with the Professional Land Surveyor in mind. That led to ARM earning the endorsement from the National Society of Professional Surveyors (NSPS); offering the member a comprehensive insurance to secure their insurable interests, while offering competitive pricing structure and full protection to meet the specific needs of this industry.

ARM is a full service Agency providing access for your insurance needs while offering on-line risk management and loss control services.

-  **Commercial Business Insurance** (Property, General Liability, Automobile, Surveying Equipment(Inland Marine/Floater), Computers/Media, Valuable Papers, Workers Compensation)
-  **Personal Insurance** (Home, Auto, ATV/RV, Flood/Earthquake, Umbrella)
-  **Professional Liability** (Errors & Omissions, Employment Practices Liability, D & O, Cyber Liability)
-  **Bonds**
-  **Employee Benefits** (Health, Life, Disability)

Enclosed is the necessary information we need completed in order to provide a prompt and accurate quotation. The Professional Liability application will need completion by an authorized person in the sections pertaining to your operations, signature and dated.

After reviewing this application, contact us at (888) 454-9562 with any questions you may have. You may mail completed application and associated material to 10651 E Bethany Drive, Suite 300, Aurora, CO 80014 or by fax at (303) 454-9564 or email to info@arm-i.com.

Thank you again for your interest. My staff and I certainly look forward to working with you and your organization in the future.

Sincerely,

Lisa Isom



Assurance Risk Managers

www.arm-i.com
10651 E Bethany Dr Suite 300
Aurora, Colorado 80014
Phone: 303-454-9562
Fax: 303-454-9564
info@arm-i.com



Company Name: _____

Company Type: Corporation LLC Sole Proprietorship Other _____

Contact Name: _____

Phone # _____ Fax# _____ FEIN _____

Mailing Address: _____ Physical Address #1: _____

What type of work does your company engage in?

Land Surveying _____ % Civil Engineering _____ % Other* _____ %

* If "other" please be specific _____

Year Business was established _____ Years of experience in this field _____

GENERAL LIABILITY

Existing Coverage

Carrier _____ Expiration Date _____ Premium _____

Desired Limits: \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000

Have you had any claims in the past 3 years? No Yes (please provide details)

PROPERTY

Existing Coverage

Carrier _____ Expiration Date _____ Premium \$ _____

Building Information

Do you require building coverage? Yes No Building Value \$ _____

Assurance Risk Managers

www.arm-i.com
 10651 E Bethany Dr Suite 300
 Aurora, Colorado 80014
 Phone: 303-454-9562
 Fax: 303-454-9564
 info@arm-i.com



PROPERTY (continued)

Building Construction Frame Metal
 Joisted Masonry Masonry Non-Combustible

Year Built _____

Year Updated _____ Wiring _____ Plumbing
 _____ Roofing _____ Heating

Total square footage of building _____ Square footage you occupy _____

Number of stories _____ Basement Yes No Sprinklers Yes No

Replacement value of business property (i.e. furniture) _____

Replacement value of in-house (stationary) computer equipment _____

Replacement value of computerized surveying equipment (i.e. GPS) _____

Replacement value of non-computerized surveying equipment (i.e. shovel) _____

Have you had any claims in the past 5 years? No Yes (please provide details)

Additional Locations (physical address):

AUTOMOBILE LIABILITY (Owned Autos)

Year	Make	Model	Cost New	VIN#

Assurance Risk Managers

www.arm-i.com
10651 E Bethany Dr Suite 300
Aurora, Colorado 80014
Phone: 303-454-9562
Fax: 303-454-9564
info@arm-i.com



AUTOMOBILE LIABILITY (continued)

Driver's Name	Date of Birth	State Licensed	License #

Comp/Collision Requested Yes No Deductible \$500 \$1,000

Have you had any claims in the past 5 years? No Yes (please provide details)

WORKERS' COMPENSATION

Federal Tax ID Number (FEIN) _____ Number of Employees _____ FT _____ PT

Limit Requested \$100,000/\$500,000/\$100,000 \$500,000/\$500,000/\$500,000 \$1M/\$1M/\$1M

Estimated Annual Payroll

Surveyors	\$ _____	Other	_____	\$ _____
Clerical	\$ _____	Other	_____	\$ _____
Outside Sales	\$ _____	Other	_____	\$ _____

Officers

Name _____	Title _____	Include / Exclude
Name _____	Title _____	Include / Exclude
Name _____	Title _____	Include / Exclude

Experience Modification Rate (if applicable) _____

Have you had any claims in the past 5 years? No Yes (please provide details)

Assurance Risk Managers

www.arm-i.com
 10651 E Bethany Dr Suite 300
 Aurora, Colorado 80014
 Phone: 303-454-9562
 Fax: 303-454-9564
 info@arm-i.com



PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)

APPLICATION INFORMATION

1. Name of Applicant (Please specify all entities, including predecessors, for whom coverage is desired):

Firm Type: Proprietorship(s) Professional Corporation(s) Partnership(s) Other

2. Date Current Firm Established: _____

3. Applicant Contact Information:

Mailing Address: _____

Telephone/Fax Number: _____

Contact Name/Email: _____

Website: _____

4. Branch Offices (please list and indicated percentage of billings by location):

5. If the name of the applicant has ever changed, or if there has ever been an acquisition, dissolution, merger or change in business structure, please provide full details, listing each firm or organization and specifying the date of such change, acquisition, consolidation, dissolution or merger:

Name of Firm	Type of Firm (See 1)	Date Est. (M/D/Y)	Date of Change (M/D/Y)	Reason	Assumed Liabilities
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Number of Total Staff:

	Full-Time	Part-Time
A. Principals, Partners, Directors and Officers		
B. Architects, Engineers, Surveyors, Inspectors, Draftsmen, and other Technical Personnel		
C. Clerical and Accounting Employees		
Total		

Assurance Risk Managers

www.arm-i.com
 10651 E Bethany Dr Suite 300
 Aurora, Colorado 80014
 Phone: 303-454-9562
 Fax: 303-454-9564
 info@arm-i.com



7. Background of Personnel: Please specify the experience of all principals & key personnel (attach resumes).

Name	Professional Qualification or License Type	Years with Firm	Years in Practice

8. (a) Does the applicant maintain licenses in all states where services have been rendered? Yes No
 If "No", please explain: _____

(b) Has the applicant ever been censured or had a license revoked or suspended? Yes No
 If "Yes", please explain: _____

9. Does the applicant desire coverage for its participation in any past or current joint ventures? Yes No
 If "Yes," please complete a Joint Venture Application for each joint venture.

10. Is your firm controlled, owned by or associated with or does your firm control or own any other firm, corporation or company? Yes No
 If Yes please provide full details including percentage of services rendered for related entity and provide evidence of applicable insurance for such related entity.

11. If you answer Yes to (a) or (b), please complete an Equity Interest Application.

(a) Does your firm or any principal, owner, partner, director, or officer of the firm or a member of the immediate family of any such person have an equity or ownership interest in any project for which professional services have been or are to be rendered by the firm? Yes* No

(b) Does your firm render services on behalf of any other entity in which any principal of your firm or an immediate family member is an officer, manager, or owner? Yes* No

12. Is your firm or any subsidiary, parent, or other organization related to your firm engaged in:
- Actual construction, fabrication, or erection Yes No
 - Responsible for construction means, methods, techniques, procedures, or job site safety (including firm's sub-consultants) Yes No
 - Design/Build Projects as Prime Yes No
 - Hiring Contractors Yes No
 - The manufacture, sale, leasing, or distribution of any product, process or patented production process Yes No
 - The development, sale, or leasing of computer software to others Yes No
 - Real Estate Development Yes No

If the answer to any item in #12 above is Yes, please provide full details on a separate attachment, including a description of the services performed, sample contract(s), construction values, and billings for professional services.

Assurance Risk Managers

www.arm-i.com
 10651 E Bethany Dr Suite 300
 Aurora, Colorado 80014
 Phone: 303-454-9562
 Fax: 303-454-9564
 info@arm-i.com



13. Are any principals, officers, owners, or employees of your firm engaged in any activities described in #12?

Yes No

If **Yes**, please provide full details and relationship of such persons to the firm:

FIRM PROFILE

14. Professional Services

(a) Please indicate percentage of professional services rendered in-house by applicant, by current percentage of billings. (Percentages to equal 100%):

___% Acoustical Engineering	___% Electrical Engineering	___% Geotechnical/Soils Engineering	___% Structural Engineering
___% Architecture	___% Environmental Engineering	___% HVAC Engineering	___% Testing Lab
___% Civil Engineering		___% Interior Design	___% Traffic Engineering
___% Construction Management	___% *Forensic/Expert Witness Specify discipline below	___% Land Surveying	___% Acoustical Engineering
Agency: ___%		___% Landscape Architecture	___% Other (describe and provide % for each service described) _____ _____
At Risk: ___%		___% Mechanical Engineering	
		___% Process Engineering	

* Please provide details from above: _____

(b) If there has been any substantial change in the services offered in the past five (5) years, or if you anticipate any service changes in the next twelve (12) months, please provide details (dates, types, reasons):

15. (a) Please provide **EXACT** Gross Billings.

IF THE FIRM IS RENDERING DESIGN/BUILD SERVICES, PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION #17 BELOW INSTEAD.

Dates:	Immediate Past Fiscal Year From: _____ To: _____		Projected for Current Fiscal Year	Projected for Next Fiscal Year
TOTAL OPERATIONS	Total Gross Billings	Construction Values	Total Gross Billings	Total Gross Billings
i. Joint Venture Projects Applicant's Portion Only	\$	\$	\$	\$
iv. Permanently Abandoned Projects	\$	\$	\$	\$
v. Contracts solely for Feasibility Studies, Master Plans or Space Planning	\$	\$	\$	\$
vi. Direct Reimbursables (e.g. travel per diem, etc.)	\$	\$	\$	\$
vii. Sub-consultants	\$	\$	\$	\$
viii. All Other Billings	\$	\$	\$	\$
TOTAL BILLINGS (i. through viii.)	\$	\$	\$	\$

Assurance Risk Managers

www.arm-i.com
 10651 E Bethany Dr Suite 300
 Aurora, Colorado 80014
 Phone: 303-454-9562
 Fax: 303-454-9564
 info@arm-i.com



(b) Provide gross billings for each of the past five (5) years (excluding years shown above).

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 (20) (20) (20) (20) (20)

16. Sub-consultants:

(a) Indicate the type of professional services sublet: _____

(b) What percentage does firm obtain evidence of insurance from sub-consultants? _____

**17. Design/Build- Please provide CONSTRUCTION VALUES for the below.
 (COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD PROJECTS)**

Design/Build	Construction Value Projected Fiscal Year	Construction Value Current Fiscal Year	Construction Value Immediate Past Fiscal Year
Specify Fiscal Year End Dates MM/DD/YYYY	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
a. Design/Construct	\$ _____	\$ _____	\$ _____
b. Design Only – No Construction	\$ _____	\$ _____	\$ _____
c. Construction Only – No Design	\$ _____	\$ _____	\$ _____
TOTAL ALL OPERATIONS 9a through c)	\$ _____	\$ _____	\$ _____

18. Scope of Services Distribution (please provide percentages, to equal 100%):

%	Feasibility studies, opinions, forensic, expert witness, or reports that will not result in construction.
%	Surveys, resulting in construction.
%	Design only with no construction phase services.
%	Design with responsibility for periodic observation during the construction phase to ensure design compliance.
%	Design with responsibility for wholly or partly supervising the contractor.
%	Construction phase services without responsibility for preparing the drawings and specifications.

19. Special Services

%	Alternative Energy	%	Financial, Investment, Tax or Economic Studies	%	Precast/Prestressed, or Post-Tension Design
%	Approval or signing of other than your own work product	%	Forensic/Expert Witness	%	Prototype Design
%	Asbestos Related Services	%	Hydrology/Water Studies	%	Rehabilitation/Restoration
%	Building/Home Inspections	%	LEED Certified	%	Seismic Related Services
%	Design of Scaffolding, Supporting, or Shoring	%	Machine, Equipment, or Product Design	%	Site Design
%	Environmental Audits or Assessments	%	Materials Testing/Handling	%	Soils Analysis
%	Exterior Insulation and Finish (EIFS)	%	Nuclear or Atomic Related	%	Subsurface Conditions/Survey
%	Equipment Retrofitting	%	Pollution Control/ Abatement	%	Turn-Key or Fast-Track Projects
%	Façade Restoration	%	Percolation Testing	%	Other (describe) _____

Assurance Risk Managers

www.arm-i.com
 10651 E Bethany Dr Suite 300
 Aurora, Colorado 80014
 Phone: 303-454-9562
 Fax: 303-454-9564
 info@arm-i.com



20. Ownership of Project (please provide percentage, to equal 100%):

%	Contractor	%	Lending Institutions	%	Private Clients/Businesses
%	Federal, State or Local Government	%	Other Design Professionals	%	Real Estate Developers
%	Industrial (Manufacturing Process, etc.)	%	Owners Acting as Own Builders	%	Other (specify)

21. Clients

(a) Please indicate percentage of billings derived from repeat clients: _____ %

(b) Were 50% or more of firm's gross billings derived from a single client or contract? Yes No

If **Yes** to 21 (b) above, please specify client name, project name, percentage of billings, and services rendered.

22. (a) Project Type (please provide percentages, to equal 100%):

%	Airports (indicate %) Runways/Taxiways % Terminals %	%	Hotels/Motels (High-Rise)	%	Recreational (Parks/Golf Courses)
%	Amusement Parks	%	Hotels/Motels (Low-Rise)	%	Refineries, Chemical Plants
%	Apartments	%	*Industrial (describe)	%	Religious
%	*Bridges/Tunnels/Dams (specify size & type)	%	Jails/Prisons	%	Residential Subdivisions/ Tract Homes
%	Commercial (Under 50,000 Sq Ft)	%	Library/Museums	%	Retirement Homes/ Convalescent Hospitals
%	Commercial (50,000 Sq Ft or greater)	%	*Marine	%	Sewer/Water Systems
%	**Condominiums (indicate %) Residential % Commercial %	%	*Mass transit	%	Stadiums/Arenas/ Convention Centers
%	Custom Single Family Dwelling	%	Offices	%	Swimming Pools
%	Educational	%	Parking Garages	%	Toxic/Hazardous Waste Systems
%	FHA or Other Subsidized Housing	%	*Pipelines (Please Specify Type)	%	Warehouses
%	Governmental	%	Playground Equipment	%	Waterslides
%	Highways/Roads	%	Power Plants	% *Other (describe): _____ _____ _____	
%	Hospitals/Health Care	%	Recreational (Other Excluding Swimming Pools/Waterslides)		

*Please provide details from above: _____

Assurance Risk Managers

www.arm-i.com
 10651 E Bethany Dr Suite 300
 Aurora, Colorado 80014
 Phone: 303-454-9562
 Fax: 303-454-9564
 info@arm-i.com



(b) ****Condominiums:** In the past ten years, has any applicant for insurance provided professional services on any type of residential condominium project? Yes No
 If **Yes**, provide details of dates of services, number of projects, and total construction values for these projects.

23. (a) Location of Projects (please list the percentage of billings for each state; percentages to equal 100%):

State %	State %	State %	State %	State %	State %

(b) **Project Size.** List by construction value for projects in past twelve (12) months. (Equal 100%):

%	Up to \$500,000	%	Over 1M up to 5M	%	Over 10M up to 25M
%	Over \$500,000 Up to 1M	%	Over 5M up to 10M	%	Over 25M up to 50M

24. Largest Projects: Please provide the following on the firm's five (5) largest projects.

Project Name/ Location	Client	Project Type	Services	Billings (Current Year Total)	Construction Value	Start Date/ End Date

25. Foreign Work? Yes No

If yes, please provide full details: _____

INTERNAL PROCEDURES

26. Contract Forms:

(a) Please provide percentages, to equal 100%

_____ % Standard industry forms (national, state, local; other approved)

_____ % Non-standard forms approved by an independent authority

_____ % Other non-standard forms

_____ % Verbal contracts. Please advise under what situations are verbal agreements utilized by the firm.

(b) What percentage of firm's professional service agreements includes the following:

Limitation of Liability clauses: _____ %

Waiver of Consequential Damages: _____ %

Assurance Risk Managers

www.arm-i.com
 10651 E Bethany Dr Suite 300
 Aurora, Colorado 80014
 Phone: 303-454-9562
 Fax: 303-454-9564
 info@arm-i.com



27. Internal Loss Prevention: Does the firm have written procedures for the following:
- In House quality control procedures Yes No
 - Change Order procedures Yes No
 - BIM quality control procedures or guidelines Yes No
 - Green Design and sustainability quality control procedures Yes No
 - Risk Management Procedures Yes No
 - Screening/pre-qualification of clients, consultants, and contractors Yes No
 - Procedure for monitoring and collecting outstanding fees Yes No

28. Does the firm participate in Peer Review sponsored by AIA, NSPE, or other organization? Yes No

29. (a) Does the firm have an in-house Continuing Education Program for Employees? Yes No
 (b) In the last twelve (12) months, what percentage of your firm's licensed professionals have:
 Completed six or more hours of continuing education: _____ %
 Attended a Risk Management Seminar: _____ %

30. Professional Membership: Specify the professional organizations or societies of which the applicant is a member:

CURRENT INSURANCE INFORMATION

31. (a) Has any applicant for insurance had professional liability coverage in the past? Yes No
 (b) Please provide Retroactive date of current policy (MM/DD/YYYY): _____
 (c) Please provide the following information regarding the Applicant's most recent professional liability insurance policies. If no coverage is currently in force please check N/A: N/A

Carrier	Expiration Date	Limit of Liability (Per Claim/Aggregate)	Deductible	Premium (needed to calculate loss ratio)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

- (d) Do you currently have First Dollar Defense deductible coverage? Yes No
 (e) Does any applicant for insurance have any outstanding deductible obligations? Yes No
 If Yes, please provide details on a separate sheet, including exact amount owed, payment schedule, if any, and the amounts and dates of repayment.
 (f) Has the firm ever purchased an Extended Reporting Period Endorsement? Yes No
 If Yes, provide details on a separate sheet, including the reason, date purchased, and expiration date of the endorsement.

32. Project Policy
 (a) Has the firm ever been insured under a separate project policy? Yes No
 If Yes, please include a copy of the policy.
 (b) Does the firm have a Specific Project Excess Limit Endorsement on its current policy? Yes No
 If Yes, please complete Specific Project Excess Questionnaire.

Assurance Risk Managers

www.arm-i.com
10651 E Bethany Dr Suite 300
Aurora, Colorado 80014
Phone: 303-454-9562
Fax: 303-454-9564
info@arm-i.com



33. General Liability Coverage: Please provide the following information regarding the Applicant's most recent General Liability insurance policy. If no coverage is currently in force please check N/A: N/A

Carrier	Expiration Date	Limit of Liability	Deductible	Premium
		\$	\$	\$

34. (Not Applicable In Missouri) Within the past 5 years has any professional liability insurance policy of yours been canceled or non-renewed? Yes No

If Yes, please provide full details: _____

LOSS INFORMATION

35. During the past 5 years (10 years for firms with billings of \$5,000,000 and greater), or earlier if still pending, has any suit ever been filed, or any claim otherwise made, against the applicant or the applicant's predecessors in business, or any of the past or present partners, owners, officers or employees, or against any person, firm, or entity on whose behalf the applicant has assumed liability? Yes No
36. Awareness: Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any facts, circumstances, incidents, situations, or accidents (including, but not limited to: faulty or defective workmanship, product failure, construction dispute, fee dispute, roof failure or leakage, construction worker injury or construction delays) that may give rise to a claim, whether valid or not, which might directly or indirectly involve the applicant? Yes No
37. Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any fee disputes (including fees being withheld, late payments, or fees uncollected) or has any legal action been instituted by the applicant or others in regards to such fee disputes? Yes No
38. In addition to Questions 35, 36, & 37, has the applicant, or any predecessors in business, or any of the past or present partners, officers, owners, or employees, or any person, firm, or entity on whose behalf the applicant has assumed liability, ever reported to any professional liability carrier any fact, circumstance, incident, situation, or accident that was not a suit or otherwise a claim at the time of reporting? Yes No

If the answer to any of the above questions is Yes, please provide full details on Claim Information Form.

Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or potential claim identified or that should have been identified in questions 35, 36, 37, or 38 of this application.

DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance policy provided by us. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

Assurance Risk Managers

www.arm-i.com
10651 E Bethany Dr Suite 300
Aurora, Colorado 80014
Phone: 303-454-9562
Fax: 303-454-9564
info@arm-i.com



- * If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us as soon as practicable;
- * Any policy issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the policy inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the policy. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the policy inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the policy;
- * Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- * The signing of this Application does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Dated (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Print Name