



## NSPS Insurance Program

Thank you for the opportunity to present the NSPS Insurance Program. **Assurance Risk Managers, Inc. dba: ARM Multi Insurance Services** (ARM) was founded in 1998. We are an independent insurance agency with offices in Aurora, Colorado and Woodland, California.

We specialize in risk management and insurance services; offering property, casualty, professional liability coverage, surety, and personal lines insurance. With strong roots in the land surveying industry, Lisa Isom, President of Assurance Risk Managers began working with land surveyors before its formation. Those relationships led to our becoming the endorsed insurance agency for the state association, the Professional Land Surveyors of Colorado (PLSC). Over time, Assurance Risk Managers has acquired not only numerous other state endorsements but also the support of the Western Federation of Professional Surveyors (WFPS) and also the National Society of Professional Surveyors (NSPS) endorsement.

This recognition comes from our relationships which are based on our honesty, integrity and superior level of service. Over these two decades we have developed exclusive coverages for the design professional, principally the land surveyor. The NSPS Insurance Program offers members and organizations a comprehensive package to secure their insurable interests, while offering an exclusive, competitive pricing structure and full protection to meet the specific needs of this industry.

Enclosed is the necessary information we need completed in order to provide a prompt and accurate quotation. The Professional Liability application will need to be completed in the sections that pertain to your operations, and will require a signature by an authorized person. We will also need verification of membership within NSPS in order to provide the discounts applicable to the coverage included in the Insurance Program.

After reviewing this application, contact us at (888) 454-9562 with any questions you may have. Please return the completed application and associated material to Assurance Risk Managers, Inc. dba: ARM Multi Insurance Services (CA #0C73841) at 10651 E. Bethany Drive, Suite 300, Aurora, CO 80014, or by fax at (303) 454-9564 or email.

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*

Lisa Isom, President  
Assurance Risk Managers, Inc.

**Assurance Risk Managers, Inc.**  
**dba: ARM Multi Insurance Services**

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 CA # 0C73841



**PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)**

**NAME, ADDRESS AND CONTACT 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: \_\_\_\_\_ NSPS # \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

4. During the past (5) years, has the name of the name of the applicant been changed or has any other business ever changed, or if there has ever been an acquisition, dissolution, merger or change in business structure?  
 Yes  No If Yes, please provide full details on a separate attachment

**GENERAL INFORMATION**

5. (a) Type of professional service rendered in-house by applicant by current percentage of billings (percentages to equal 100%):

<input type="checkbox"/> Architecture	<input type="checkbox"/> Geotechnical/Soils Engineering	<input type="checkbox"/> Landscape Architecture	<input type="checkbox"/> Testing Lab
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> HVAC Engineering	<input type="checkbox"/> Mechanical Engineering	<input type="checkbox"/> Traffic Engineering
<input type="checkbox"/> Construction Management	<input type="checkbox"/> Interior Design	<input type="checkbox"/> Process Engineering	<input type="checkbox"/> Environmental Engineering
<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Land Surveying	<input type="checkbox"/> Structural Engineering	<input type="checkbox"/> Other: (Please Specify)

(b) If there has been any substantial change in the services offered in the past five years, or if any services have been discontinued, please provide full details on a separate attachment.

**NOTE: QUESTIONS 6 THROUGH 13 REFER TO TOTAL BILLINGS FOR PROFESSIONAL SERVICES FOR YOUR PAST ACCOUNTING YEAR. (NEWLY FORMED FIRMS SHOULD USE ESTIMATED BILLINGS FOR THE NEXT TWELVE MONTHS.)**

6. Contract Forms:

(a) Please provide percentages, to equal 100%:

<input type="text"/>	Standard industry forms (national, state, local; other approved)
<input type="text"/>	Non-standard forms approved by an independent attorney (applicant or client drafted)
<input type="text"/>	Other non-standard forms (purchase order, letter/service agreement)
<input type="text"/>	Verbal contracts combined with informal terms (invoice with email communication/agreement)
<input type="text"/>	Verbal contracts only (handshake agreement – nothing in writing)

(b) Has the applicant been successful in including a "Limitation of Liability" clause in its professional services agreements?  Yes  No

If yes, please indicate the approximate percentage of executed contracts containing these clauses: \_\_\_\_\_

**7. EXACT GROSS BILLINGS**

Dates: e.g. M/D/Y

Immediate Past Fiscal Year

Projected for Current Fiscal Year

From :

From:

To: \_\_\_\_\_

To: \_\_\_\_\_

DOMESTIC OPERATIONS	Total Gross Billings	Construction Values	Total Gross Billings	Construction Values
a. Joint Venture Projects Applicant's Portion Only	\$	\$	\$	\$
b. Projects Insured Under Separate Project Policies (Provide Copy of Declarations Page Including ERP, if applicable)	\$	\$	\$	\$
c. Permanently Abandoned Projects	\$	\$	\$	\$
d. Contracts solely for Land Surveying, Feasibility Studies, Master Plans or Space Planning	\$	\$	\$	\$
e. Direct Reimbursables (e.g. travel per diem, etc)	\$	\$	\$	\$
f. Subconsultants	\$	\$	\$	\$
g. All Other Billings	\$	\$	\$	\$
h. DESIGN/BUILD				
i. Design/Construct	\$	\$	\$	\$
ii. Design Only – No Construction	\$	\$	\$	\$
iii. Construction Only – No Design	\$	\$	\$	\$
<b>TOTAL BILLINGS ALL OPERATIONS (a through h)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

8. Provide gross billings for each of the past 5 years (excluding years shown above). Show earliest year first:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (20\_\_\_\_) (20\_\_\_\_) (20\_\_\_\_) (20\_\_\_\_) (20\_\_\_\_)

9. (a) Type of professional services sublet?: \_\_\_\_\_  N/A; No sublet services;

(b) Is evidence of insurance required from all subconsultants?  Yes  No If no, advise % received  %

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

<input type="checkbox"/>	Land Surveying Services; Boundary/Topographic/etc. that will <u>not result in construction.</u>
<input type="checkbox"/>	Land Surveying Services; Construction Staking.
<input type="checkbox"/>	Feasibility studies and reports that will <u>not result in construction.</u>
<input type="checkbox"/>	Design only with <u>no construction phase services.</u>
<input type="checkbox"/>	Design with responsibility for <u>periodic observation</u> during the construction phase to ensure design compliance.
<input type="checkbox"/>	Design with responsibility for wholly or partly <u>supervising</u> the contractor.
<input type="checkbox"/>	Construction (phase) services <u>without responsibility for preparing the drawings and specifications</u>

11. Special Services (please provide percentages; total need not equal 100%):

<input type="checkbox"/> Alternative Energy	<input type="checkbox"/> Financial, Investment, Tax or Economic Studies	<input type="checkbox"/> Precast/Prestressed, or Post-Tensioning Design
<input type="checkbox"/> Approval or signing of other than your own work product	<input type="checkbox"/> Forensic/Expert Witness	<input type="checkbox"/> Prototype Design
<input type="checkbox"/> Asbestos Related Services	<input type="checkbox"/> LEED Certified	<input type="checkbox"/> Rehabilitation/Restoration
<input type="checkbox"/> Building/Home Inspections	<input type="checkbox"/> Machine, Equipment, or Product Design	<input type="checkbox"/> Seismic Related Services
<input type="checkbox"/> Environmental Audits or Assessments	<input type="checkbox"/> Materials Testing/Handling	<input type="checkbox"/> Site Design
<input type="checkbox"/> Exterior Insulation and Finish (EIFS)	<input type="checkbox"/> Nuclear or Atomic Related	<input type="checkbox"/> Subsurface Conditions/Survey
<input type="checkbox"/> Façade Restoration	<input type="checkbox"/> Pollution Control/Abatement Services Superfund Pollution	<input type="checkbox"/> Turn-Key or Fast-Track Projects

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

<input type="checkbox"/> Contractor	<input type="checkbox"/> Lending Institutions	<input type="checkbox"/> Private Clients/ Businesses
<input type="checkbox"/> Federal, State, or Local Government	<input type="checkbox"/> Other Design Professionals	<input type="checkbox"/> Real Estate Developers
<input type="checkbox"/> Industrial (Manufacturing Process, etc.)	<input type="checkbox"/> Owners Acting as Own Builders	<input type="checkbox"/> Other: (Please Specify)

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

<input type="checkbox"/> Airport: Runways, Taxiways Terminals, etc.	<input type="checkbox"/> Harbors / Piers / Ports / Marinas	<input type="checkbox"/> Playgrounds
<input type="checkbox"/> Amusement Parks	<input type="checkbox"/> Hospitals/Health Care	<input type="checkbox"/> Pools
<input type="checkbox"/> Apartments	<input type="checkbox"/> Hotels/Motels (High-Rise)	<input type="checkbox"/> Power Plants / Utilities
<input type="checkbox"/> Auditoriums / Theatres	<input type="checkbox"/> Hotels/Motels (Low-Rise)	<input type="checkbox"/> Recreational (Other Excluding Swimming Pools / Waterslides)
<input type="checkbox"/> Bridges / Tunnels / Dams	<input type="checkbox"/> Industrial Waste Treatment	<input type="checkbox"/> Recreational (Parks / Sports Fields)
<input type="checkbox"/> Cabins (Rural Recreational Land)	<input type="checkbox"/> Jails/Prisons	<input type="checkbox"/> Refineries, Chemical Plants
<input type="checkbox"/> Cadastral Surveys	<input type="checkbox"/> Landfills	<input type="checkbox"/> Raw Land / Site Development
<input type="checkbox"/> Commercial (Under 50,000 Sq Ft)	<input type="checkbox"/> Libraries/Museums	<input type="checkbox"/> Restaurants / Food Services
<input type="checkbox"/> Commercial (Excess 50,000 Sq Ft)	<input type="checkbox"/> Manufacturing / Industrial Buildings	<input type="checkbox"/> Roads / Highways
<input type="checkbox"/> Condominiums Residential <input type="checkbox"/> Commercial <input type="checkbox"/>	<input type="checkbox"/> Mass Transit	<input type="checkbox"/> Schools / Colleges / Educational Buildings
<input type="checkbox"/> Convention Centers	<input type="checkbox"/> Material Handling Systems	<input type="checkbox"/> Sewer Systems/Pipelines
<input type="checkbox"/> Custom Residential / Home Owners (Urban & Rural Settings)	<input type="checkbox"/> Military	<input type="checkbox"/> Sewage Treatment Plants
<input type="checkbox"/> Environmental Impact Statements	<input type="checkbox"/> Mines	<input type="checkbox"/> Stadiums/Arenas/ Convention Centers
<input type="checkbox"/> Farm / Agricultural Land	<input type="checkbox"/> Municipal / Community / Public Buildings	<input type="checkbox"/> Superfund / Pollution
<input type="checkbox"/> Foundation / Shoring Projects	<input type="checkbox"/> National Forest / BLM Land	<input type="checkbox"/> Tract Homes / Subdivisions
<input type="checkbox"/> Forensic / Expert Witness	<input type="checkbox"/> Nuclear Facilities	<input type="checkbox"/> Traffic Planning
<input type="checkbox"/> Forestry / Logging Property	<input type="checkbox"/> Office Buildings	<input type="checkbox"/> Toxic/Hazardous Waste Systems
<input type="checkbox"/> Gas Pipelines	<input type="checkbox"/> Open Spaces Reserves / Greenways	<input type="checkbox"/> Warehouses
<input type="checkbox"/> Golf Courses	<input type="checkbox"/> Parking Garages	<input type="checkbox"/> Water Systems/Pipelines
		<input type="checkbox"/> Other (Please Specify)

**(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, please provide full details on a separate attachment.

**14. Number of Total Staff: Include resumes of principals and key licensed staff members.**

	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		

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

(b) What states does the applicant maintain licenses? \_\_\_\_\_

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

16. Please specify those professional organizations or societies of which the applicant is a member:  
\_\_\_\_\_

17. Does the applicant have written in-house quality control procedures/program?  Yes  No

18. Does the applicant have a continuing education program for employees?  Yes  No

19. Joint Ventures: 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.

20. 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 on a separate attachment

21. (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  
\*If "Yes" to (a) or (b), please provide full details on a separate attachment regarding each equity interest.

22. Is your firm or any subsidiary, parent, or other organization related to your firm engaged in:

Actual construction, fabrication, or erection	<input type="checkbox"/> Yes <input type="checkbox"/> No
The development, sale, or leasing of computer software to others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Design/Build	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real estate development	<input type="checkbox"/> Yes <input type="checkbox"/> No
The manufacture, sale, leasing, or distribution of any product, process or patented production process	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to any item in #22 is "Yes," please provide full details on a separate attachment, including a description of the services performed, construction values involved, and fees received.

23. Are any principals, officers, owners, or employees of your firm engaged in any activities described in #22?  Yes  No If Yes, please provide full details on a separate attachment

**CURRENT E&O INSURANCE INFORMATION**

24. Current and Retroactive Coverage:

(a) Has any applicant for insurance had coverage in the past?  Yes  No  
Retroactive date of current policy (M/D/Y) \_\_\_\_\_

(b) Please provide the following information regarding the Applicant's most recent insurance policies. If no coverage is currently in force please indicate with a N/A.

<i>Carrier</i>	<i>Expiration Date</i>	<i>Limit of Liability</i>	<i>Deductible</i>	<i>Premium</i>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

(c) Does current deductible apply to all loss and expense?  Yes  No

(i.e. Policy does not have "First Dollar Defense")

(d) 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.

(e) Project Policy: Has applicant ever been insured under a separate project policy?  Yes  No

If "Yes," please include a copy of the policy.

25. (Not Applicable In Missouri) Within the past 5 years has any professional liability insurance policy of yours been cancelled or non-renewed? \*  Yes  No If Yes, please provide full details on a separate attachment.

**LOSS INFORMATION**

26. 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

27. 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

28. 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

29. In addition to Questions 26, 27, & 28, has the applicant, or any predecessors in business, or any of the past or present partners, 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 a separate sheet of paper.

**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 26, 27, 28, or 29 of this application.**

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.

*Date*

*Signature/Title*

\_\_\_\_\_

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

\_\_\_\_\_

(Print Name)