



**CG&B Professional Liability**  
A division of The CG&B Group Inc.  
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**ASSOCIATION OF ONTARIO LAND SURVEYORS  
PROFESSIONAL LIABILITY INSURANCE APPLICATION**

**PLEASE ENSURE YOUR MOST RECENT FINANCIALS ARE ATTACHED.  
OTHERWISE YOUR COVERAGE CAN NOT BE RENEWED.**

1. Full Name and Address of Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_ Fax Number (    ) \_\_\_\_\_  
Date Firm Established \_\_\_\_\_

2. The applicant is (    ) Sole Proprietor – Show Name of Sole Proprietor below in Section A  
(    ) Partnership – List Partners below in Section A  
(    ) Corporate – List Shareholders below in Section A

A. NAME	DATE QUALIFIED	O.L.S. NUMBER	LENGTH OF TIME IN PRIVATE PRACTICE
_____			
_____			
_____			
_____			

B. List all Ontario Land Surveyors employed on a Full or Part Time basis by the Applicant  
(Do **NOT** include Sole Proprietors, Partners or Shareholders noted in Question 2A.)

NAME	DATE QUALIFIED	O.L.S. NUMBER	LENGTH OF TIME IN PRIVATE PRACTICE
_____			
_____			
_____			
_____			

3. Total Number of Staff **other than** Land Surveyors and Shareholders:

a) Fieldmen \_\_\_\_\_ b) Draftsmen \_\_\_\_\_ c) Office Staff \_\_\_\_\_  
d) Others \_\_\_\_\_

4. a) Actual Gross Income last fiscal year: \$ \_\_\_\_\_  
 b) Estimated Gross Income next fiscal year: \$ \_\_\_\_\_  
 c) List activities of firm by percentage of gross income:
- |  |            |   |
|--|------------|---|
| 1) Cadastral (Legal) Surveys                   | _____      | % |
| 2) Construction Layout and Engineering Surveys | _____      | % |
| 3) GIS/LIS work                                | _____      | % |
| 4) Drainage                                    | _____      | % |
| 5) Other (please specify)                      | _____      | % |
|  | _____      | % |
|  | _____      | % |
|  | _____      | % |
| TOTAL  | <b>100</b> | % |

5. In the past year, have you earned any revenue from work performed outside Canada?  
 Yes ( ) No ( )  
If "Yes" please attach details including Location, Nature of Service, Revenue, Client, Date Services Performed.

**6. Professional Liability Claims – NOT PREVIOUSLY REPORTED**

(NOTE: This question pertains only to claims that have NOT Previously been reported to an Insurer or its Authorized Representative.)

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:

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I/We hereby declare that to the best of my/our knowledge, that 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 Application: \_\_\_\_\_

Signed by: \_\_\_\_\_

(Owner, Partner, Officer)

Title: \_\_\_\_\_ Date \_\_\_\_\_

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