

**SUPPLEMENTARY APPLICATION
 ERRORS & OMISSIONS LIABILITY INSURANCE
 SURVEYORS**



1. Name of Applicant			
2. List provinces in which you perform professional services			
3. List total number of staff			
Land Surveyor (licensed)	_____	Draftsmen	_____
Fieldmen	_____	Professional Engineers	_____
4. State percentage of work done			
Seismics	_____ %	Construction Layouts	_____ %
Geocletic	_____ %	Oil/Mining	_____ %
Mapping	_____ %	Mortgage Cert.	_____ %
Engineering Surveys	_____ %	Legal Surveys	_____ %
Marine Surveys	_____ %	Concrete Testing	_____ %
Others (please specify)	_____ %		
5. State percentage of work performed for the following types of clients			
Municipalities	_____ %	Resource Companies	_____ %
Government	_____ %	Residential	_____ %
Commercial	_____ %	Agricultural	_____ %
		Lawyers	_____ %
		Engineers	_____ %
		Industrial	_____ %
DECLARATION			
The undersigned declares that all statements made in the Supplementary Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application and Supplementary Application shall be the basis of the contract, should a policy be issued.			
_____		_____	
Signature		Title or Position	
_____		Must be signed by a Principal, Partner, Controller, Executive Officer or Director.	
Date			