

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
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LAND SURVEYOR SUPPLEMENTAL APPLICATION

Applicant: _____

1. Are you or do you have on-staff licensed land surveyors?
___ YES ___ NO

2. Are you engaged in:

a) actual construction, fabrication or erection? ___ YES ___ NO

b) the manufacture, sale or distribution of any product,
process or patented production process? ___ YES ___ NO

c) real estate development? ___ YES ___ NO

If any of the above answers are YES, please attach details.

3. Do you have any on-staff licensed engineers? ___ YES ___ NO

4. Do you have any financial interest in any project for which you
have rendered professional services? ___ YES ___ NO

5. Types of Work:

a. Boundary/property survey _____ %

b. Construction stakeouts _____ %

c. Hydrographic surveys _____ %

d. Mapping or cartography _____ %

e. Photogrammetric surveys _____ %

f. Plans/specifications for state/
highways, natural drainage systems,
utilities or buildings or other
structures - please attach details. _____ %

g. Subdivision work -
do not include boundary or
topographic surveys. Does the sub-
division work include the preparation
of plans/specifications for:

1. grading and site work? ___ YES ___ NO

2. roads and streets? ___ YES ___ NO

3. curbs, gutters and natural
drainage? ___ YES ___ NO

4. utilities? ___ YES ___ NO

h. Other: _____

6. Does the Applicant provide services with respect to:

- | | | |
|---|-------------------------------------|------------------------------------|
| a. bridges? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. dams? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. surveys of subsurface conditions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. tunnels? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If the answer to any one of the above questions is yes, then please provide full details. It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Date

Name of Applicant

**Signature of person authorized
to execute on behalf of the
Applicant**