



# OLD REPUBLIC INSURANCE COMPANY

## OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.  
191 N. Wacker Drive  
Chicago, IL 60606  
(312) 750-8800

### LAND SURVEYORS SUPPLEMENT

1. Name of Applicant: \_\_\_\_\_
2. Is the Applicant or any staff member a licensed land surveyor? [ ] Yes [ ] No
3. Does the Applicant keep duplicate copies of survey documents (including field notes, plans, maps and governmental approvals of projects) at a different location? [ ] Yes [ ] No
4. Is the Applicant engaged in:
  - a) construction, fabrication or erection? [ ] Yes [ ] No
  - b) the manufacture, sale or distribution of any product, [ ] Yes [ ] No
  - c) process or patented production process? [ ] Yes [ ] No
  - d) real estate development? [ ] Yes [ ] No
5. Does the Applicant employ any on-staff licensed engineers, drafters or survey analysts? [ ] Yes [ ] No  
If Yes, provide details.  
\_\_\_\_\_  
\_\_\_\_\_
6. Are all completed and plotted surveys reviewed by a survey analyst and a field crew chief? [ ] Yes [ ] No
7. Indicate the percentage of work performed in the following categories:
 

Aerial survey	___%	Plans/specifications for state highways,
Boundary/property survey	___%	natural drainage systems, utilities,
Construction stakeouts	___%	buildings or other structures (attach details) ___%
Hydrographic surveys	___%	Subways <span style="float: right;">___%</span>
Photogrammetric surveys	___%	Other (describe) <span style="float: right;">___%</span>
		<b>Total must equal: <u>100%</u></b>

8. Indicate percentage of subdivision work attributable to the preparation of plans/specifications for:

Curbs, gutters and natural drainage	___%	Utilities	___%
Grading and site work	___%	Other (describe)	___%
Roads and streets	___%	<b>Total must equal:</b>	<b><u>100%</u></b>

9. Please describe the Applicant's procedures to ensure that all locations of any underground power lines are identified prior to the undertaking of any digging work:

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10. Does the Applicant provide services with respect to:

Bridges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surveys of subsurface conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dams	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tunnels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

**THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_