

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

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 subdivision 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**

MPL SA-21