



Real Estate Appraisers Errors & Omissions Insurance Application
All states except: Alaska, Georgia, Louisiana & New York



This application is for an individual who only does 100% Real Estate Appraisal work.
NOTE: Coverage only applies to services rendered by the applicant.
Coverage for the supervision or approval of work done by others is not provided.
If you are involved in other areas of Real Estate contact your agent .

Name _____ Address _____ City _____ ST _____ Zip _____ Tel: _____ Fax: _____ E-Mail Address _____	Applicant is: <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Corporation <input type="checkbox"/> Partner Name of Firm _____ <div style="background-color: yellow; padding: 5px; text-align: center;"> Each appraiser must complete an individual application and pay the appropriate premium to be eligible for the Insurance coverage. </div> <input type="checkbox"/> New Business Desired Effective Date _____
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For you to be eligible for this program, the response to questions 1- 4 below must all be "true".

1. The Applicant is a licensed or certified appraiser or trainee. Trainee has passed their initial exam (<i>if required in their state</i>).	<input type="checkbox"/> True <input type="checkbox"/> False
2. The applicant does not appraise any real estate in which he / she has an ownership interest.	<input type="checkbox"/> True <input type="checkbox"/> False
3. The applicant has not been disciplined by any state licensing board or other regulatory board as a result of appraisal activities within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
4. There have been no claims reported and/or pending circumstances which could result in a claim against the applicant within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False

80% or more of my revenues are derived from residential appraisals.
If your response is "true" you qualify for the residential premiums shown below. True False

If you have a policy in force you need prior acts coverage. Attach a copy of your current policy declaration page showing the prior acts date.

Per Claim / Annual Aggregate	Residential			Commercial		
	All other	California	Washington	All other states	California	Washington
\$300,000 / \$600,000	\$455.00	\$570.00	\$437.00	\$537.00	\$671.00	\$515.00
\$500,000 / \$1,000,000	\$520.00	\$644.00	\$500.00	\$613.00	\$758.00	\$589.00
\$1,000,000 / \$2,000,000	\$590.00	\$733.00	\$565.00	\$694.00	\$862.00	\$667.00

A standard deductible of \$500.00 per claim / \$1,000.00 aggregate will be included in each policy

Premium calculation Step 1: Enter the premium YOU selected from above: \$ _____ Premium due

Step 2: See below if applicant is from New Jersey, West Virginia, or Kentucky

West Virginia Residents:	The State of West Virginia assesses a tax of 0.55% on insurance. Multiply the premium you selected from 1 above by 1.0055 and round to the nearest dollar.	\$ _____ Premium due
New Jersey Residents; <i>See reverse side for a description of this charge.</i>	A 1.75% surcharge must be collected for the Insurance Guaranty Fund in addition to the premium above. Multiply the premium you selected from step 1 above by 1.0175 and round to the nearest dollar.	\$ _____ Premium due
Kentucky Residents:	The premiums shown above do not include the State, City or County Taxes assessed in Kentucky Please contact our office 1-800-336-5422 , to obtain the amount of the tax prior to submitting your application.	

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

NOTICE: (For all states except Florida) By applying for this insurance, the applicant also is applying for membership in The Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

Completion of the application or tendering of premium does not bind coverage. Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for Insurance containing any false information, or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent Insurance Act. Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE the expiration of your current policy term may create a lack of coverage.

Fraud Warning. (not applicable in Nebraska, Vermont or Virginia): Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. *GSM-06-RE-652 Appraisers Revision May 2006*

New Jersey Insurance Guaranty Association Fund. Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Insurance Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. New Jersey law requires all companies to surcharge policies to recover these assessments. The current assessment is 1.75% and will be displayed on your premium notice.

Arkansas Residents: The insurance company compensates us for the placement of this insurance policy.

IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE POLICY. I understand that the final premium will be rounded to the next dollar. I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application. I understand that an incorrect or incomplete statement could void my protection.

Signature _____ Date ____/____/____
Must be signed by the applicant

**Mail your application and check payable to:
Ohio Referral Association Agency, Inc.
P O Box 351985
Toledo, OH 43635-1985
Phone: 800-472-7004 Fax: 888-866-6556**

The National Administrator for the Real Estate Appraisers Errors & Omissions Insurance program is the
Herbert H. Landy Insurance Agency Inc. Needham, MA 02494



GSM-06-RE-652 Agents Appraisers Application June, 2006