

Name of Firm (if any)\_

Name

## Real Estate Appraisers Errors & Omissions Insurance



## Iowa

This application is for an <u>individual</u> who only does 100% Real Estate Appraisal work.

NOTE: Coverage only applies to services rendered by the applicant.

Address								
City	\$1	·	Zip		County			
Mailing Address_								
Phone			Fax					
Email Address _				🗌 In lieu	of emailing, µ	olease mail ı	me my pol	icy.
$\square$ No Prior Cove	rage (Desired Effective Da	ate:/_	/	)				
If you hav	e a policy in force you need p	prior acts cove age showing th			ur current po	olicy decla	ration	
	To be eligible for this progra	m, you must be	e able to ansv	wer TRUE to	questions 1	and 2.		
1. V@ Ásēj] 說公司 OÁ@ å•ÁsaÁçcapāāÁn cane^Ápāx/}•^Á;¦Á&^¦cāā&canāj}ÁsjÁn cane^ÁsjÁ, @&@Á@ 中 @ Á;¦[çãa^•Ásēj]¦æāa æþÁ •^¦çãx/•ÉÁcÁ[ˇÁsé^ÁseÁV¦æāj^^ÉÁ[ˇÁœaç^Ájæ••^åÁs@ ÁsjānāneþÁn ¢æá ÁçãÁ^´ˇã^åDá,¦Ásēj^Á;c@¦Án cane^Á^´ˇã^{ ^};o.						æ¢Á [^} ♂.	<b>Á</b> rueÁ	Æalse
2. V@ Áæļ] a&æ)oÁå[^•Á,[oÁæ]]¦æãn^Áæ)^Á/>æ)Á^æ)Á^æ)Á,@&@∮@Ð@Á@æ Áæ)Á,}^\•@]Á§ c\¦^•dŽ							<b>Á</b> rueÁ	Æalse
3. V@Ásej] aßeajoÁ@eeÁs[oÁso^}Ásãe&aj aj^åÁsíkásoo^ocatæc^åÁsò^Áseò^Ásæc^Ás&^}•ā;*Ésæá{ājācdææãç^Ás¦Áó^*` ææ[¦^Á à[æáåÁse ÁseÁ^•` oÁ,Ásej] æãeæÁse&cãçããã•Á;ãs@áÁse@ÁjæeoÁsÁ^æ•ÈXWWWXtfFalse, complete question 8 on page 2.						l^Á page 2.	<b>Á</b> rueÁ	Æalse
4. V@!^Á@æç^Ás^^} Å [ Ák]æ禛 • Á^] [ ic' å Ásè å 即 i Å ^} å ā * Ásā & { • cæ} & • ∮, @ 表 @ [ i å Á ^ • ˇ   o 场, Áæ æ i Á æ å ^ kæ æ j • o c@ Áæ j ]   認金) ぐ∮, ā @ Á æ o Á Á ^ æ • E #################################							<b>Á</b> rueÁ	Æalse
-	If questions 5, 6, a If questions 5, 6,	nd 7 are all ans	wered "TRUE	E", refer to Ta	able 1.			
5. QuÁc@ Áæ oÁæ 8æ Á^æ ÊÃ Æ Á; lÁ; [¦^Á; -Á; ^Á^ç^} ~ Á@æç^Æa^>} Æå^\ãç^å Á; [{ Á^•ãå^} cãæ Áæ] lææ æ Æ ÉÁ						<b>Á</b> true Á	Æalse	
6. Yão@a, Áo@ ÁpæroÁ	ÁBB)^Á,¦[]^¦Œ?•Áçæ;ĭ^åÁBBEÁ*¦^æ&°¦Ás@e)ÁÅHÊE€€ÊE€€EÄ				<b>Á</b> rueÁ	Æalse		
7. V@Áse]] 28æ)@	ÁĮ¦Ás@ÁæcóÁ®^ÁĢDÁ^æ÷ÁŝãáÁ;[cÁ¢&^^åÁÁ <del>€€Ê€€€Ĭ</del> Á					<b>Á</b> rueÁ	Æalse	
Note:	Many Lenders/Financial Inst for	itutions have m Appraisers who		•	s of \$500,00	0/\$1,000,0	00	
Per Claim/ Annual Aggregate		Table 1		Table 2				
\$300,000 / 600,000		\$401		\$473				
\$500,000 / 1,000,000		\$458		\$540				
\$1,000,000/ 1,000,000		\$478		\$563				
\$1,000,000 / 2,000,000		\$520				\$611		
A sta	andard deductible of \$500.00	per claim / \$1,	,000.00 aggre	gate will be i	ncluded in e	ach policy	•	
Additional Coverage Options	Coverage And I last has been as a source of the control of the con							
(for a charge)	(for a charge) ASE[]  æa≆ækÁTæ)æ≛^{^}oÁO[{]æ)^ÁO¢¢^}•ā[}ÁQ^č¦}Á&[{] ^¢^åÁæe] &&ææā[}Áq[Á[č¦Áæ≛^}oÁ[¦Á							í{ D
Premium	Enter the premium YOU selected from above: ÅÁ · · · · · · · · ÁÁ · · · · · · · · ÁÁ · · · · · · · · ÁÁ · · · · · · · · ÁÁ · · · · · · · · · ÁÁ · · · · · · · · · ÁÁ · · · · · · · · · · ÁÁ · · · · · · · · · · ÁÁ · · · · · · · · · · · ÁÁ · · · · · · · · · · · · · · · · ÁÁ ·							

**CONTINUE TO PAGE 2** 

Enter the total here:

	nswered FALSE to question 3, complete the following and contact your agen	t.
8. Þǐ { à^\h. h. h. a. a. a. h. h. a. a. a. h. a. h. h. a. a. a. h. a. a. h. a. a. h. a.	Á	
If you a	nswered FALSE to question 4, complete the following and contact your agen	t.
9a. Þˇ{ à^¦Á, Æaaa • Á; Á,^} *Supplementary application	Á	
9b. V[œdÁs,&~;;^åÁ[••^•Ás,/	Å····· Á	
*Please provide current	ly valued loss runs.À	Λ
If none	of the following apply, your Final Premium is the total you entered on Page 1	l.
FINAL PREMIUM	Disciplinary action/investigation surcharge	Α
	Claims surcharge	
TO BE COMPLETED BY THE CARRIER	Appraisal Management Company Extension endorsement	Á
	Final Premium:	\$
-{¦Á§•`` æ}&^Á\¦Árœæ^{^}}oÁ\-⁄	[}Á, @;Á,}[, ā]* ^Áæ)åÁ, ão@Án;o^}oÁn[Ás^-¦æ åÁæ)^Án]•`¦æ)&^Ás[{]æ)^Án;lÁn[o@;lÁ;^!•[ &læā[Ás[}oæan]ā]*Áæ)^Án æe^¦ãæd ^Áæd+^Áng-f¦{æan[}Á;lÁs[}&^æ+ÉA[¦Áo@;Á;`¦][•^Án,Áñ @;l^q[Ás[{{ãn-ÁæÁ¦æ å` ^}oÆn;•`¦æ)&^Áæ&oÉA, @ans.@Án-ÁæÁslā[^Áæ)åÁn`àb^&o-Án`&o∭,^¦•	i∤^æåãi*ÉÁsi-{¦{æcãi}}Á
ISSUED WILL APPLY ON TO PROVIDE WRITTEN HAPPEN BETWEEN THE Á Á Á Á	FORM DOES NOT BIND COVERAGE. THE APPLICANT ACCEPTS NOTICE T A "CLAIMS-MADE" BASIS. ATHE APPLICANT ACCEPTS NOTICE THAT THE NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICA SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. Á	Y ARE REQUIRED ATION THAT MAY a}åÁiædæčiæo•Á
@   ^ aj /sek ^ /st ~ ^ £38[ { ]   ^ c ^ /se anj ]   a8 andaŭi } /si @ anj /si ^si @ /si anda   anj ]   a8 andaŭi } /si @ anj /si /si @ /si anda   anj ]   a8 andaŭi } /si @ anj /si	à à Àas& `i ae 'i Áa) à Ào Óeo Áo ❷ i ^ Áo è Áà ^ } Á [ Á ˚ ] ] ¦ ^ • • ā } Á; lá; á • cae ^ { ^ } · o Á; -Áaò B Ó sò à Á ā Á; -Ēsò) à Áà ^ & [ { ^ • ÁacÁ, æ o Á; -ĒÁ; ^ ÁÚ! [ - ^ • • ā } } æ þ Ã São à āão` Æ [ ç ^ ¦ æ ē ^ ĒÁ	set ¦^^Ás@eeÁs@e Á
Signature_	• oŚa^Áa ¾ } ^ åÁa ˆ Áo@ Áæ] ]   認æ) oÁ	
For Iowa Only: Insurai	nce Agent Name Required	

