

**This application is for an individual who only does 100% Real Estate Appraisal work.**  
**NOTE: Coverage only applies to services rendered by the applicant.**

Name \_\_\_\_\_

Name of Firm (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_  In lieu of emailing, please mail me my policy.

No Prior Coverage (Desired Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

**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.**

**To be eligible for this program, you must be able to answer TRUE to questions 1 and 2.**

1. I have read the policy and understand the terms, conditions, coverages, exclusions, and limitations. I understand that this policy is not a contract until I have signed it and received it from the insurer.	True False
2. I am the insured named in this policy or the insured named in the policy I am applying for.	True False
3. I am not a minor or an adult who is under a conservatorship or an estate of a minor or an adult who is under a conservatorship or an estate of a minor.	True False
4. I have not been convicted of any crime involving dishonesty or fraud, or any crime involving the practice of a profession, trade, or occupation, or any crime involving the practice of a profession, trade, or occupation, or any crime involving the practice of a profession, trade, or occupation.	True False
<p><b>If questions 5, 6, and 7 are all answered "TRUE", refer to Table 1.</b> <b>If questions 5, 6, OR 7 are answered "FALSE", refer to Table 2.</b></p>	
5. I have not been disciplined by any professional organization or regulatory body.	True False
6. I have not been disciplined by any regulatory body.	True False
7. I have not been disciplined by any regulatory body.	True False

**Note: Many Lenders/Financial Institutions have minimum limit requirements of \$500,000/\$1,000,000 for Appraisers who do work for them.**

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

<b>Additional Coverage Options (for a charge)</b>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						
<b>Premium</b>	<table border="0"> <tr> <td>Enter the premium YOU selected from above:</td> <td>____</td> </tr> <tr> <td>Enter \$130 if you selected trainee coverage:</td> <td>____</td> </tr> <tr> <td>Enter the total here:</td> <td>____</td> </tr> </table>	Enter the premium YOU selected from above:	____	Enter \$130 if you selected trainee coverage:	____	Enter the total here:	____
Enter the premium YOU selected from above:	____						
Enter \$130 if you selected trainee coverage:	____						
Enter the total here:	____						

CONTINUE TO PAGE 2

If you answered FALSE to question 3, complete the following and contact your agent.

8. <b>Do you have any pending or reported claims for damage to your property or contents?</b> *Please provide information on a separate sheet with a copy of the complaint documents.	..... Á
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If you answered FALSE to question 4, complete the following and contact your agent.

9a. <b>Do you have any pending or reported claims for damage to your property or contents?</b> *Supplementary application required.	..... Á
9b. <b>What is the amount of your currently valued loss runs?</b> *Please provide currently valued loss runs.	Á..... Á

If none of the following apply, your Final Premium is the total you entered on Page 1.

<b>FINAL PREMIUM TO BE COMPLETED BY THE CARRIER</b>	Disciplinary action/investigation surcharge	
	Claims surcharge	Á
	Appraisal Management Company Extension endorsement	Á
	<b>Final Premium:</b>	\$ _____

Please mail your application, supplemental information (if applicable), and check payable to your agent:

**FRAUD WARNING:** If you provide false information on this application, your policy may be voided. If you provide false information on this application, your policy may be voided. If you provide false information on this application, your policy may be voided. If you provide false information on this application, your policy may be voided.

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.**

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

