

Real Estate Appraisers Errors & Omissions Insurance



Indiana

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				\Box In lieu of emailing, please ma	il me my policy.
☐ No Prior Coverage	(Desired Effective Date:	1	/)	
lf you have a pol		-		a copy of your current policy dec	laration
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. V@ Ásej] a3ca) cÁ@ å•Áseá,castá Á cæc*Áa3c^} • ^ Á; lÁsc¦casa3casti} Ásj Árasa @árcæc*Ásj Á @a3c@é@ B @ Á; [çãa^•Ásej] ¦aasi azáÁ • ^ ¦ça3c^•ÉkQA [`Ásec^Áseá/¦aasj ^^ÉA [`Á@eç^Á;æ••^å Áso@ Ásj ãañatá^¢æet Áçãá/^``ă^å Dá; ¦ásj ^ Árc@ ¦Árcæc*Á?``ă^{ ^}o. ÁrueÁ Áralse					
2. V@\Áa;] ã&æ;\OÁå[^•Á,[o	o%se]]¦æãa^Áse)^Á^æ∳A*∙cæe∿Á§jÁ,	@ r.@ :@:#:@:#:@:#:@:#:@:#:@:#:@:#:@:#:@:#:@	œee Áse), Á(, j	}^¦•@q,為;♂¦^•亡	ÁrueÁ Áralse
3. V@ Ása]] albaa) ch@ee Á [cháa^^} Ásãe &a] ā] ^a Á ¦Ásiç ^• cāt æe^a Ása^ Ása^ Á cæe^ Áa&^} •ā] *Ébæaå{ āj ã dæaāç^Á ¦Á^* ` æa[¦^Á à[æåa Ásae ÁsaÁ^• ` ch[-Asa]] ¦æāt æa Ásascāçā āð • Á, ão@aj Ás@ Á,æe ó Á Á ^æ• Édded de Martin / False, complete question 8 on page 2. Árue Á Árads			ÁrueÁ <i>Á</i> ralse		
4. V@:¦^Á@æç;^Áa;^^}Á,[Á& c@:Áæ][ã&æ}cÁ;ãc@j,Ác@	æą̃•Á^][¦c^åÁæ)å⊕(Á^}åã*, ∧ÁæoÁÁÁ^æ•È‱‱‱∭∭	Á&ã&`{•cæ}& ₩₩₩₩₩₩₩₩₩₩₩	∿∙Á @&@k ₩₩₩ [★] If Fal:	ارْ ` åÁ^•` هُهُ هُمُهُمُ اللهُ المُعَلَّقُ اللهُ المُعَامَةُ اللهُ المُعَامَ المُعَامَةُ المُعَامَ المُعَامَ se, complete question 9 on page 2.	Á rueÁ Æalse
If questions 5, 6, and 7 are all answered "TRUE", refer to Table 1. If questions 5, 6, OR 7 are answered "FALSE", refer to Table 2.					
5. Q\Ác@\Áæ•oÁæi&æ‡Á^æ+ÊÅ	.€Ã Á¦¦Á[[¦^Á; Á ^Á^ç^} `^•Á	@æçç∧Áà∧^}Áå∧	¦ãç^åÁ¦[{	Á^•ãã^}cãæþÁæ]]¦æãr憕ĚÁ	ÁrueÁ Æralse
6. Yão@jÁo@∘Áæ•oÁã•&æ¢Á∧	∘ælÊKÓ¢@æç^Á,[ckæ]]¦æãr^å/æ}^Á,	.¦[]^¦ca}∙Áça∉	ĭ^å Áæd∕ t¦^	ær∿¦Áx@æ) ÁÅI LÊE€€ÊE€E Ă	Á rueÁ Æalse
7. V@^Áæ]] ã&æ)oqÁ&[{àā}	^åÁ{[cæ‡Át¦[••Á^ç^}`^•Á{[¦Áx@	₿Áæ•oác@^^ÁÇ	HDÁ^æ•Áå	ãåÁ[ơÁ¢&^^åÅĺ €€Ê€€€ Ă	Á rueÁ <i>Á</i> ralse

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	\$432	\$510
\$500,000 / 1,000,000	\$494	\$582
\$1,000,000/ 1,000,000	\$515	\$606
\$1,000,000 / 2,000,000	\$560	\$658

claim / \$1,000.00 aggregate will b included in each policy

Additional Coverage Options (for a charge)	Áðu]]¦æaār^¦Ád;æaāj^^Á&[ç^¦æt*^ĚÃO[ç^¦æt*^ÁaērÁj¦[çãā^åÁ4[¦Ádefense on lyÁ]Ád[ÁÄFÍÊEE€ÉBæ)jå ÁaērÁ`àb*&oÁd[ÁædÄGÉE€€Á å^å`&oãa ^Á4[¦ÁæjÁæåáãaā]}æbÁÄFI€EĂ Áðu]]¦æaāræpÁTæ)jæt*^{^}oÁO[{]]æ)j^ÁO¢c?}•ã[}ÁQ;^č¦}Á&[{] ^c¢åÁæ]] ã&æaã[}Ád[Á[ĭ¦Áæt*}oÁd[¦Áā]æpÁ]¦A{ã{D			
Premium	Enter the premium YOU selected from above: ÅÁ ···········́́́́́́́́́́́́́́́́́́́́́́́́́			

CONTINUE TO PAGE 2

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

8. Þǐ { à^\Á, Áãã &ā ā æ^ Áæ&āi }•Á; \Ág ç^• cā æāi }•Ág Á@ Á æ cĂ Á^æ• kA *Please provide information on a separate sheet with a copy of the complaint documents.
--

If you answered FALSE to question 4, complete the following and contact your agent.

9a.	. Þ`{ à^¦Á; √&læā[•Á;lÁ]^}å3] * &ã&3 č (•œa) &^•Á3; Á∞A, æo A, Å?	<u>,</u>
	*Supplementary application required.	А
9b	. V[cæ)á∮&`¦¦^åÁ[••^•Á∮Á@^Á;æ•OÁÁ^æ•KÁ	Å,,,,,,,,,,,,,,,,,,
	*Please provide currently valued loss runs.Á	

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

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

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

FRAUD WARNING KÁCE;^Á,^\•[}Á,@A`}[,];*[^Áeg)åÁ,ão@Ág,c?}okt[Áŝ,~+æčåÁeg)^Ág,•`¦æg)&^Ás[{]æg)^Á;¦Á,o@¦Á,^\•[}Áæf,•Áeg)Áeg]]ä&ææatj}Á -{¦Ág,•`¦æg)&^Á;!Á cæe^{^}of,-Ás¦æatjÁs[}æædj];*Áeg)^Á;æe^lãæd¦^Áæd+^Ág,-{¦{æætj}}Á;!Ás[}&^æd+Ě4[¦Ác@A,`}][•^Á;Á;æ]/æætj]#Åæætj}Á &[}&^\}];*Áeg)^Áæ&of,æe^lãædAs@!^([Ás[{{ã+ÁexA;æčå`|^}oAg)•`¦æg)&^Áæ&dÉ,@&&@Ás&dé,ä[A`àb/&orA`&@A,^!•[}ÁtjÁs]]; }}adas)•ĚÁ

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APP ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS.ÁTHE APPLICANT TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOS Á Á (ᡬ) a^!•ca) a Áo@eo Ág apá !^{ a { Á a Áa^Á[`} a^a Á [Á@Á,^æ^•oá, @ ^Áa[æ @ !^ā Áa^á Á @ A a A a A a A a A a A a A a A a A a A	ACCEPTS NOTICE THAT THEY ARE REQUIRED CHANGES TO THIS APPLICATION THAT MAY SED EFFECTIVE DATE. Á
Signature /‱‱‱‱‱‱∭ `∙o∕a∖Áā}}^å∕a`áo@/æ]] a8æ)oÁ	Date/

