

Name of Firm (if any)___

Name

Real Estate Appraisers Errors & Omissions Insurance



Georgia

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 ST		-	Zip	County			
Mailing Address							
Phone Fax							
Email Address							
☐ 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. V@ Áng] a3ca) cÁQ å•ÁndçadpãnÁn cæc^Án32\}•^Á¦¦Á&\¦cãa33cænā }ÁnjÁn æ&@Án cæc^ÁnjÁ, @3&@Á@ Ho @ Á;¦[çãa^•Áng]¦ænāradÁ •^¦çã&\•ÈÁGÁ[ˇÁnd-Ánd-Ánd-Ánd-Ánd-Ánd-Áni *Áng-Áni æ-•^åÁn@ Ánjānānd-Án ¢æt, ÁnjāÁ^` ǎnå DÁ;!Ánng-Áni cæc^Á^` ǎn{ ^} œ					Á trueÁ Æralse		
2. V@ Áæj] a8æjoÁa[^•Á,[ơÁæj]¦æãa^Áæj^Á^æþÁ°•œærÁæjÁ, @B&@Þ@•Áœæ•ÁæjÁ,}}^¦•@JÁæ;c\¦^•ŒjÁæ;c\¦^•ŒÈ					Á rueÁ <i>Á</i> ralse		
3. V@ Áæ] ඎ oÁ@æ Á, [oÁs^^} Ásãa &ā lā, ^åÁ, lÁs, ç^• cã æ cå Ás Áæ) ^Á cæ cý Áãx^} • ā, * Ёඎ { ã, ã d æ ãç^Á, lÁ^* ` æ [l^Á à [æ á Áæ á a ē æ ã c æ ã c æ ã c æ ã c æ ã c æ ã c æ ã c æ ã c æ ã c æ ã æ â æ æ æ á Áæ æ æ á Áæ æ æ æ æ æ æ æ æ æ æ					Á rueÁ <i>Á</i> ralse		
4. V@¦^Á@æç^Ás^^} Á, [Ás æa = Á^] [¦c^å Áæ} åÐ;Á,^} åā * Ásā8* { • œa & • Á @æç@æ[* åÁ^• • óÆ; Áæás æa Á; æå^Áæ æā • o œ Áæ] [ææ óÁ; ææ óÁ óAæ è Éxissississississississississississississ					Á rueÁ Æralse		
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. QiÁn@ Áæ oÁã &æþÁ^æbÂå €Ã Á¦ Á; [¦^Á; -Á; ^Á^ç^} ^•Á@æç^Áà^^} Áå^¦ãç^åÁ¦[{ Á^•ãå^}cãæþÁæ}]¦æãa æþ ÈÁ					Á trueÁ <i>Á</i> tralse		
6. Yão@jÁo@ÁæeoÁ	ã &æ†Á^æbÉØØæç^Á,[ơÁæ]]¦æã^á	uÁaa)^Áj¦[]^¦œ?•Áçæ ĭ^åÁaœÁt¦^ææ^¦Áo@aa) ÅÅHÉEC∈ÉECCETÁ			Á rueÁ Æralse		
7. V@ Áæ]] &&æ)@¶/	%s[{àãj∧åÁqcæ‡Á†¦[••ÁΛç∧}ັ∧•	Á ¦ ¦Án@ Áze OÁn@^^ÁÇ+DÁ^ze • ÁsiaiÁ [OÁ ¢&^^å ÁŠÍ €€É€€€ ĬÁ			Á trueÁ <i>Á</i> tralse		
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			\$553	\$653			
\$500,000 / 1,000,000		\$632		\$744	\$744		
\$1,000,000/ 1,000,000		\$689		\$808	\$808		
\$1,000,000 / 2,000,000			\$716	\$842			
A standard deductible of \$500.00 per claim / \$1,000.00 aggregate will be included in each policy							
Additional Coverage Options	ÁSEJ]¦æãn^¦Ádæáj^^Á&[ç^¦æðn ÈÁÔ[ç^¦æðn ÁsiÁ];[çããn åÁ;¦Ádefense onlyÁ]Ád, ÁÁFÍÊE€€ÉÁæ) åÁsiÁ à bh &oÁd, ÁæÁÁCÉÉ€€Á ån à *&oãa ^Ád;¦Áæ)Áæååããā}æÁÁFÌ€ÉÁ						
(for a charge)	ADEJ lase asplát as) at ^{ ^} ofô[{] as) ^ hôo(x^) • ā[} ho(x^c \) / ba[{] ^ x^ a hae] ab aseā[} ho[A [\						
Premium	Enter the premium YOU selected from above: Enter \$180 if you selected trainee coverage: Enter the total here:						
		CONTINUE T	O PAGE 2	1			

	nswered FALSE to question 3, complete the following and contact your agen	t.
	கீஷ் } • Á; ¦கி; ç^ • œீ ஊ்ஷ் } • கி; க்@ A; æ oÁ Á ^ æ• kA tion on a separate sheet with a copy of the complaint documents.	Á
If you a	nswered FALSE to question 4, complete the following and contact your agen	t.
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9b. V[cæþÁş,&`;¦^åÁ[••^•Áş,/	k@ Ájæ dÁ Á^æ• kÁ	Δ
*Please provide current	y valued loss runs.À	, , , , , , , , , , , , , , , , , , ,
If none	of the following apply, your Final Premium is the total you entered on Page 1	l.
FINAL PREMIUM	Disciplinary action/investigation surcharge	Á
	Claims surcharge	Á
TO BE COMPLETED BY THE CARRIER	Appraisal Management Company Extension endorsement	Á
	Final Premium:	\$
FRAUD WARNING KÁCE;^Á;^!• -{¦Áş,•~¦æ;8% Á;¦Árcæe^{^},6,4,4 &[}&^!}ā;*Áæ;^Áæ&o4æe^¦ãæ;Á]^}æ;dæ?•ÈÁ	[}Á, @;Á}[,ā]* ^Áæ)åÁ,ão@Ánj&^}o^k[Æs^+æ*åÁæ)^Ænj•`¦æ)&^Ænj{]æ}^Á;!Á;c@;¦Á;^¦• B ænā[Ænj}cænājā]*Ænj^Á;æm^¦ænd ^Áænt•^Ænj-{¦{ænāj}Á;!Ánj}&^ætjEnj[tÁo@;Á;`¦][•^Á;Æj @; ^q[Ænj{{ ãorÁæn4¦æ*å` ^}oÆnj•`¦æ)&^Ææ&dEA,@Bo.@Án;Ænd&nā[^Áæ)åÁ*`àb^∨Ár`&@A,^¦•	[}Á4]^•Áxa}Áxa}] a38-aca[i}Á ^acaâ]*Éxili]-[¦{aca[i}}Á [}ÁqíÁxia[a]aca}Áxa)åÆxili]a
ISSUED WILL APPLY ON TO PROVIDE WRITTEN HAPPEN BETWEEN THE Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á	FORM DOES NOT BIND COVERAGE. THE APPLICANT ACCEPTS NOTICE TO A "CLAIMS-MADE" BASIS. ATHE APPLICANT ACCEPTS NOTICE THAT THE NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICANT SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. A LANGUAGE AND AND ANY PROPOSED ANY PROPOSED AND ANY PROPOSED AND ANY PROPOSED ANY PROPOSED AND ANY PROPOSED AND ANY PR	Y ARE REQUIRED ATION THAT MAY ah åÁada&ĭlæt•Á
Signature_ ////////////////////////////////////		

