



Nebraska

## 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 ma	il me my policy.
□ No Prior Coverage (De	esired Effective Date:/	//	)	
If you have a policy i		verage. Attach the prior acts	a copy of your current policy dec date.	laration
To be eligi			wer TRUE to questions 1 and 2.	
1. V@Áæ]] a‰)cÁ@ å•Áæ¢çæ‡aa. •^¦ça&^•ÆQA[`ÁæA^ÁæÁV¦æa}/	Árcæe^Á&&^}●^Á(:Á&^:cãã&ææ‡i;)Á§iÁ3: ^^Êá[`Á@æç^Á;iæ●^àÁx@Á§iããã#á4:	æ&@Á\cæe^Á§iÁ,@a ¢æ{ÁÇãÁ^ĭĭā^å	&@ <sup>(</sup> @Ð@Á,¦[çãa^•Áæ]]¦æāræ Á Dá(¦Áæ)^Á(c@¦Åcæe^Á^čăA{{^}o•.	<b>Á</b> rueÁ <i>Á</i> ralse
2. V@Áæ]] ã&æ)ó4å[^•Á,[óÁæ]]	¦æãi^Áa)^Á^æ∮Á∙ææ∿Á§Á, @&@@@	•∋@Á@æe Áæ}Á{,	}^¦•@]/為♂¦^•cÈ	ÁrueÁ Æalse
<ol> <li>V@ Áæj]  ã&amp;æ) óÁ@æ Á [ óÁa^^} à[ æåå Áæ ÁæÁ^• ĭ   óÁi - Áæj ] ¦æãi</li> </ol>	Ásã &a]  a] ^å Ą́ ¦Ásj ç^• cat æc^å Ásî Áæ) æ¢Áæ&caçãaaੇ • Á ãc@aj Ás@e Áj æ• cAi Á^a	e^Ácæe∿Áa&^}●ā) el•È‱‱∭∜/f <i>Fal</i>	*Ékæå{ ā) ã dæaã;^Á;¦Á^*` æq[¦^Á se, complete question 8 on page 2.	ÁrueÁ Áralse

à[æå/æ /æ/,^•` /ɑ[.4];/æä æ/æ@æj@e / A @@ / a@ / A @ A @	<b>A</b> rueÁ	ÁFalse
4. V@\^Á@æç^Áa^^} Á.[Á& æit • Á^] [ \c^àÁe) àD \A^} åä * Á&ã& { • ca) &^• Á @&@k@[`  åÁ^•`   A & & & ai ^ & ai + ai + o c@ Áe] ] &&a) ^A & ai A & ai ^ & ai + ai + o c@ Áe] ] &&a) ^A & ai A & ai + A & ai + A & ai + ai + o c@ Áe] ] &&a) ^A & ai + A & ai + A & ai + A & ai + ai + o + ai + ai + ai + ai + ai +	<b>Á</b> rueÁ	<b>Á</b> False
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.		
<ol> <li>Q Áo@ Áæ oÁæ &amp;æ‡Á^æ ÉÅ €Ã Á¦¦Á [¦^Áį -Áţ Á^ç^} * ^• Á@æç^Áà^^} Áå^¦ãç^åÁ¦[{Á^•ãå^} cãæ‡Áæ]]¦ææ æ† ĚÁ</li> </ol>	<b>Á</b> rueÁ	Á∓alse
<b>6.</b> Yão@jÁc@Áæ•oÁã&æ¢Á^æÉkkk@æç∧Á[oÁæ]]¦æãi∧åÁæ}^Áj¦[]^¦cãt∙Áçæ;ĭ^åÁæeÁ¦^æe^¦Ás@e}Ák <del>lÉ€€€E</del> Ă	<b>Á</b> rueÁ	Á∓alse
7. V@ Áæ]] a8æ) œp Á&[{ à∄,^åÁq[œd-Át'¦[••Á^ç^}ັ^•Áq[¦Ás@ Áæe ók@^^ÁQ=DÁ^æ•ÁsiãaÁ,[óÁv¢&^^åÁÁÍ <del>€€Ê€€€Ĭ</del> Ă	<b>Á</b> rueÁ	Á∓alse

## 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

Additional Coverage Options (for a charge)	ÁSE] ] ¦æaār^¦Ád¦æaāj^^/Á&[ç^¦æt*^ĚÔ[ç^¦æt*^ÁaērÁj¦[çãaå^åÁ{[¦Ádefense onlyÁ]]Ád[ÁÅFÍÊEEEÉÉæajå/áaērÁ`àb/skoÁd[ÁædÅGÉEEEÉÁ å^å`skoãa ^Á{[¦ÁæajÁæaåãaāj}}ædÁÄFHEEĂ ÁSE]] ¦æaārædÁTæajæt*^{^}ô/Ô[{]æaj^ÁÔ¢cơ}•ãj}ÁQî^č¦}Á&[{] ^ơ*å Áæaj] ã&ææaj}}Ád[Á[č¦Áæt*^}óÁ[¦ÁājædAj¦^{ã{D	
Premium	Enter the premium YOU selected from above: Åᡬ ········· 縦 Enter \$130 if you selected trainee coverage: Åᡬ ······· 縦 Enter the total here: Åᡬ ······	
CONTINUE TO PAGE 2		

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

8.	Þ`{à^¦Á;-Ásār&a] ā)æh^Áæ&cā[}•Á;¦Ásjç^∙cātæaā[}•ÁsjÁs@?ÁjæroAiÁ^æ+kÁ	<u>Δ</u>
	*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	
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,@(Á}[;ā,\*|^Áeo)åÁ,ão@Ánjc?}ókt[Ásh^+æčåÁeo)^Ánj•`¦æ)&^Ás[{]æ)^Á,¦Át,o@¦Á,^\•[}Áan•Áeo)Áeoj]|a3ææanj}Á -{¦Ánj•`¦æ)&^Á;!Á cæe^{^}of,-Ás|æanjá\*Ási};œanjā\*Áso)^Át,æe^lãed|^Áæa+^Ánj+]¦{æanj}Át,!Ási]}&^æhæite Ev[¦Ác@A,`}][•^A,A,ãe|^æanja\*Éshj+[¦{æanj}A &{}&^}]a)\*Áeo)^Áæasóf,æe^lãed,Áso@!^([Ási]{{ãe ÁscA-læčå`|^}ofshj•`læ)&^ÁsesdE4,@a3k@Ánskata]^Aéo)åA\*`àb^&orA`&@A,^!•[}ÁtjÁsiājæd,ásata]A }]^}æhæite EvÁ

PLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT ACCEPTS NOTICE THAT ANY POLICY ED WILL APPLY ON A "CLAIMS-MADE" BASIS. ATHE APPLICANT ACCEPTS NOTICE THAT THEY ARE REQUIRED ROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY EN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. Á ''''''''''''''''''''''''''''''''''''	
Signature Date// /////////////////////////	

