

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.

Table with 2 columns: Question (1-7), and Answer options (True/False). Includes instructions for questions 5, 6, and 7.

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

Table with 3 columns: Per Claim/ Annual Aggregate, Table 1, and Table 2.

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

Table for Additional Coverage Options and Premium calculation.

CONTINUE TO PAGE 2

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

<p>8. <i>Please provide information on a separate sheet with a copy of the complaint documents.</i></p>	<p>..... Á</p>
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If you answered FALSE to question 4, complete the following and contact your agent.

<p>9a. <i>Supplementary application required.</i></p>	<p>..... Á</p>
<p>9b. <i>Please provide currently valued loss runs.</i></p>	<p>Á..... Á</p>

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

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

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

FRAUD WARNING: If you are aware of any fraud or misstatement in this application, you must report it to your agent immediately. Failure to do so may result in denial of coverage and legal action against you.

<p>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.</p>	
<p>Signature _____</p>	<p>Date ____/____/____</p>

