

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. [Illegible]	True False
2. [Illegible]	True False
3. [Illegible]	True False
4. [Illegible]	True 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.	
5. [Illegible]	True False
6. [Illegible]	True False
7. [Illegible]	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

Additional Coverage Options (for a charge)	[Illegible]
Premium	Enter the premium YOU selected from above:      AA ..... AAA Enter \$130 if you selected trainee coverage:      AA ..... AAA Enter the total here:      AA .....

CONTINUE TO PAGE 2

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

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

9a. <b>Claims surcharge</b> <i>*Supplementary application required.</i>	Á
9b. <b>Appraisal Management Company Extension endorsement</b> <i>*Please provide currently valued loss runs.</i>	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>	<b>Disciplinary action/investigation surcharge</b>	Á
	<b>Claims surcharge</b>	
	<b>Appraisal Management Company Extension endorsement</b>	
	<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.

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



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