



# Real Estate Appraisers Errors & Omissions Insurance Application

All states except: Alaska, Georgia, Louisiana & New York



This application is for an individual who only does 100% Real Estate Appraisal work.

NOTE: Coverage only applies to services rendered by the applicant.

Coverage for the supervision or approval of work done by others is not provided.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant is:  Independent Contractor  Partner

Corporation  Sole Proprietor

Name of Firm: \_\_\_\_\_

**Each appraiser must complete an individual application and pay the appropriate premium to be eligible for the Insurance coverage.**

If available, in lieu of mailing my policy you may e-mail my policy to the e-mail address given above.

New Business

Desired Effective Date: \_\_\_\_\_

For you to be eligible for this program, the response to questions 1- 4 below must all be "true".

- The applicant is a **licensed or certified appraiser or a trainee**.  
Trainee has passed their initial exam. (If required in their state.)  True  False
- The applicant does not appraise any real estate in which he / she has an ownership interest.  True  False
- The applicant has not been disciplined by any state licensing board or other regulatory board as a result of appraisal activities within the past 5 years.  True  False
- There have been no claims reported and/or pending circumstances which could result in a claim against the applicant within the past 5 years.  True  False

80% or more of my revenues are derived from residential appraisals.  
If your response is "true" you qualify for the residential premiums shown below.  True  False

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.

**\*\* Note: Many lenders/ financial institutions have minimum limit requirements for Appraisers who do work for them of \$500,000/\$1,000,000 coverage.**

Per Claim/ Annual Aggregate	Residential			Commercial		
	All other states	California	Washington	All other states	California	Washington
\$300,000 / \$600,000	\$455.00	\$570.00	\$437.00	\$537.00	\$671.00	\$515.00
<b>** \$500,000 / \$1,000,000</b>	<b>\$520.00</b>	<b>\$644.00</b>	<b>\$500.00</b>	<b>\$613.00</b>	<b>\$758.00</b>	<b>\$589.00</b>
\$1,000,000 / \$2,000,000	\$590.00	\$733.00	\$565.00	\$694.00	\$862.00	\$667.00

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

Premium calculation Step 1: Enter the premium YOU selected from above: \$ \_\_\_\_\_ Premium

See below if applicant is from Florida, New Jersey, West Virginia, or Kentucky (See reverse side for a description of applicable charge)

<b>West Virginia Residents:</b>	The State of West Virginia assesses a tax of 0.55% on insurance. Multiply the premium you selected from 1 or 2 above by 1.0055 and round to the nearest dollar.	\$ _____ Premium
<b>New Jersey Residents;</b>	A 1.6% surcharge must be collected for the Insurance Guaranty Fund in addition to the premium above. Multiply the premium you selected from step 1 or 2 from above by 1.016 and round to the nearest dollar.	\$ _____ Premium
<b>Florida Residents:</b>	A 1% surcharge must be collected for the Florida Hurricane Catastrophe Fund in addition to the premium above. Multiply the premium you selected in Step 1 above by 1.01 and round to the nearest dollar.	\$ _____ Premium
<b>Kentucky Residents:</b>	The premiums shown above do not include the State, City or County Taxes assessed in Kentucky Please contact our office 1-800-336-5422, to obtain the amount of the tax prior to submitting your application.	

General Star National Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

**NOTICE: (For all states except Florida)** By applying for this insurance, the applicant also is applying for membership in The Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

**Completion of the application or tendering of premium does not bind coverage.** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for Insurance containing any false information, or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent Insurance Act. Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE the expiration of your current policy term may create a lack of coverage.

**Fraud Warning.** (Not applicable in Nebraska, Vermont or Virginia): Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**New Jersey Insurance Guaranty Association Fund.** Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Insurance Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. New Jersey law requires all companies to surcharge policies to recover these assessments. The current assessment is 1.6% and will be displayed on your premium notice.

**Florida Hurricane Catastrophe Fund.** Effective January 1, 2007. Companies writing property and casualty insurance business in the state of Florida are required to collect a Florida Hurricane Catastrophe Fund surcharge. The current surcharge is 1.00% and will be displayed on your premium notice.

**Arkansas Residents:** The insurance company compensates us for the placement of this insurance policy.

**IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE POLICY.**

I understand that the final premium will be rounded to the next dollar. I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application. I understand that an incorrect or incomplete statement could void my protection.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Must be signed by the applicant Date Signed

**Please select a Premium Payment Option and remit with your Application**

**Option 1:**

**Mail your application and check for the selected annual premium (including all applicable state taxes and surcharges) payable to the **Herbert H. Landy Insurance Agency Inc.**, 75 Second Ave. Suite 410, Needham, MA 02494.**

**Option 2:**

**Fax your payment:** If you select this option you must add a **\$15.00 convenience fee.**

**Fax your payment for the selected annual premium (including all applicable state taxes and surcharges) + \$15.00 convenience fee payable to the **Herbert H. Landy Insurance Agency Inc.** (see instructions below)**

**Please note: Option #2 is not available if you are using a "starter check" from your bank or convenience checks i.e.: checks from credit card companies, home equity or money market accounts or from a credit union. Please use option #1.**

Here is how to fax in your payment:

1. Complete your check for the **selected annual premium (including all applicable state taxes and surcharges) + \$15.00 convenience fee** payable to the **Herbert H. Landy Insurance Agency Inc.**
2. Attach to this form with your completed application.
3. Retain a clear photocopy for your records.
4. Sign the authorization below.

**This check authorizes you to charge our bank account as per the attached check below**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date Signed

**Fax your completed application with your check to:**

**Austin & Austin Trust**

**925-416-1693**

**Attach Your Check Here**

**KEEP THE ORIGINAL CHECK FOR YOUR RECORDS.** We input the information from your faxed check to create a duplicate pre-authorized bank draft with the same check number and same amount as the one you faxed. After it's deposited you will receive it back from your bank along with your other cancelled checks.

**Austin & Austin Insurance Services, Incorporated**

*Corporate California State Insurance License #OC10853*

P.O. Box 278 - Pleasanton, CA 94566

(925) 416-1692 - (800) 987-1475 Long Distance - FAX (925) 416-1693

[www.a-ains.com](http://www.a-ains.com)