

# **INSURANCE APPLICATION**

for

## **Real Estate Appraisers**

**Residential  
Commercial**

OFFERED BY



PO Box 567, San Marcos, CA 92079-0567  
bwest@amiscorp.com ~ [www.amisinsurance.com](http://www.amisinsurance.com)  
(800) 843-8550 ~ Fax: (800) 573-8550  
Surplus Lines Broker License # 0E22579  
CA Insurance License # 0732784



A NATIONWIDE INSURANCE AGENCY

# AMIS/Alliance Marketing & Insurance Services

PO Box 567  
San Marcos, CA 92079-0567  
800-843-8550  
Toll Free Fax: 800-573-8550

Surplus Lines Broker License # 0E22579  
CA Insurance License # 0732784  
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## PROFESSIONAL LIABILITY PROGRAM Real Estate Appraisers Residential ~ Commercial APPLICATION

This is an application for **New Occurrence** Basis and not a Claims-Made policy.

**Please complete the following information on your operation:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

D.B.A. or Company Name \_\_\_\_\_

|                 |                |                |                |
|-----------------|----------------|----------------|----------------|
| Mailing Address |                | Street Address |                |
| City            | State Zip Code | City           | State Zip Code |

Business Telephone \_\_\_\_\_

Residence Telephone \_\_\_\_\_

Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Applicant Is:      Individual      Sole Proprietorship      Corporation      Partnership      LLC/LLP      Other

If Individual, year you began appraising \_\_\_\_\_

Year applicant firm established \_\_\_\_\_

List Professional Associations with which the applicant is affiliated:

List all state in which the applicant has appraised properties in the last two years

Give the percentage of income derived from appraisal sanctities in each of the states list in the question above:

### KEY FEATURE TO THIS PROGRAM:

- Coverage (Occurrence)
- Commercial General Liability
- Products/Completed Operations
- Personal Injury, Advertising Injury
- Fire Damage Legal Liability
- Errors and Omissions including Limited Financial Matters
- Premises Liability
- Medical Payments

Please complete the following for all persons working in the applicant's office (Individual applicants must complete the information on themselves; firms must list all principals, employees and independent contractors, regardless of the number of appraisals done).

**Status Codes:**   **P** - Owner, Principal, Partner                                  **S** - Staff Appraiser  
                                  **I** - Independent Contractor Appraiser                      **O** - Other (describe):

| Full Name | Status Code (see above) | Active (A)<br>Inactive (I) | Appraiser Certificate<br>or License Number | No. of Years<br>Appraisal<br>Experience | No. of Years<br>Commercial<br>Appraisal<br>Experience | Currently Held<br>Designations |
|-----------|-------------------------|----------------------------|--|---|---|--------------------------------|
|           |                         |                            |  |   |   |                                |
|           |                         |                            |  |   |   |                                |
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|           |                         |                            |  |   |   |                                |
|           |                         |                            |  |   |   |                                |

**A resume/qualifications sheet must be submitted for all Principles and Appraisers listed above.**

Total number of Appraisers named above:

Total number of clerical/support staff named above:

Complete the following for all residential and commercial appraisals completed, and indicate the percentage of gross annual income derived from each category.

**Residential**

|   | Last 12 months |                 | Previous 12 months |                 |
|---|----------------|-----------------|--------------------|-----------------|
|   | % Gross Income | # of Appraisals | % Gross Income     | # of Appraisals |
| Single-family home or condo -- existing unit or undeveloped lot           |                |                 |                    |                 |
| Multi-family housing (2 to 9 units) -- existing units or undeveloped lots |                |                 |                    |                 |
| Other residential properties (describe):                                  |                |                 |                    |                 |

**Commercial**

|   |  |  |  |  |
|---|--|--|--|--|
| Existing multi-family condos or apartments (10 units or more) |  |  |  |  |
| Existing shopping centers, industrial and office properties   |  |  |  |  |
| Agriculture and/or farm land                                  |  |  |  |  |
| Other commercial properties (describe):                       |  |  |  |  |

**Commercial - Vacant land/ proposed development**

|  |      |  |      |  |
|--|------|--|------|--|
| 1. Condos, apartments or residential projects (10 to 99 units) |      |  |      |  |
| 2. Condos, apartments or residential projects (100+ units)     |      |  |      |  |
| 3. All other commercial vacant land/proposed development       |      |  |      |  |
| <b>Total Number of Appraisals</b>                              | 100% |  | 100% |  |
| <b>Total Gross Income</b>                                      |      |  |      |  |

**Clients**

**Estimated breakdown of appraisal clients (total must equal 100%)**

|                     |                |                 |                  |
|---------------------|----------------|-----------------|------------------|
| Appraisal Mgmt. Co. | Banks          | Developer       | FHA/VA           |
| Individuals         | Investor       | Mortgage Broker | Mortgage Company |
| Other (describe)*   | Savings & Loan | Syndicator      |                  |

\* Describe Other

**Please list the 3 clients that have provided the applicant with the most business in the last calendar year and provide additional information as requested**

| Client Name | % of income from this client | Type of Client (If not listed type in) | Length of Business Relations (in months and/or years) | Do you expect this business relationship to continue? |
|-------------|------------------------------|--|---|---|
|             |                              |  |   | Yes No  |
|             |                              |  |   | Yes No  |
|             |                              |  |   | Yes No  |

## Underwriting Information

In the past 5 years, has the name of the applicant changed or has any other business been purchased, merged or consolidated with the applicant? ----- Yes No  
 If yes, attach explanation.

Is applicant currently a staff appraiser for any business entity not named in Question 1? ----- Yes No

If yes, are you seeking coverage for these appraisals? ----- Yes No

If you answered yes, salary and appraisal activity must be shown in question at the top of this page.

Is the applicant controlled, owned, managed by any other person, partnership, or corporation? ----- Yes No

If Individual, year you began appraising

Does the applicant engage in any of the following activities? ----- Yes No

If yes, Please complete the following:

| Activities  | % of Time | Annual Gross Income | E&O Insurance Limits | Coverage Desired? |
|---|-----------|---------------------|----------------------|-------------------|
| *Real Estate Sales  |           |                     |                      |                   |
| *Property Management  |           |                     |                      |                   |
| *Appraising of personal property and/or business valuations |           |                     |                      |                   |

\*These activities are not covered under our policy.

Does the applicant perform review appraisals? ----- Yes No

If yes, percentage of your income derived from this activity:

In the space below, please describe your procedures for verifying information for accuracy and maintaining quality control over all appraisals produced by your office:

## Prior Coverage

Does the applicant carry Professional Liability (Errors and Omissions) Insurance? ----- Yes No

If yes, please provide copies of your E&O Insurance Declaration pages.

| Insurer | Limit of Liability | Premium | Effective Date | Expiration Date |
|---------|--------------------|---------|----------------|-----------------|
|         |                    |         |                |                 |

Has any application or policy for similar professional liability insurance on behalf of the applicant, partners, officers, or employees or on behalf of predecessors in business over been declined, cancelled, or refused for renewal? ----- Yes No

## Representations & Warranties

**Have any persons named herein, and for whom coverage is requested:**

Been the subject of any disciplinary or corrective action by an appraisal organization, state licensing board or other regulatory body of a governmental entity as a result of their appraisal activities within the last 10 years? ----- Yes No

Been notified of any investigation or review **open at this time** by any appraisal organization, state licensing board or other regulatory body of governmental entity? ----- Yes No

Ever been convicted of a felony; or arrested, indicted, or charged with felonious misconduct? ----- Yes No

**If you answered yes to any of the above 3 questions, please provide complete documentation and copies of all correspondence, including the final order and stipulation, if applicable.**

In the last 10 years, have any lawsuits or claims (including notice of a potential claim) been made or filed against the applicant, or any person named herein, and for whom coverage is sought? This includes lawsuits or claims, regardless if they were tendered to an insurance company for coverage. ----- Yes No

Is the applicant or any person named herein, and for whom coverage is sought, aware of any circumstances that may lead to the filing of a lawsuit or claim against the applicant or said person? ----- Yes No

**If you answered yes to either of the 2 questions above, please supply details of each.**

## Coverage Requested

**What is the desired limit of liability?**

\$300,000/\$300,000      \$500,000/\$500,000      \$1,000,000/\$2,000,000

**What is the desired deductible?**

\$1,000      \$2,500      \$5,000

Do you want to include Subcontractors coverage? ----- Yes No

If yes, gross payments to subcontractors:

Do you want to include Non-Owned & Hired Auto coverage? ----- Yes No

Do you want to include Additional Insureds? ----- Yes No  
(Give names and addresses on a separate page.)

If yes, how many?

Do you want to include Certificates of Insurance? ----- Yes No  
(Give names and addresses on a separate page.)

If yes, how many?

Do you want to include Waiver of Subrogation coverage? ----- Yes No

If yes, how many?

Do you want to include Primary Wording coverage? ----- Yes No

If yes, how many?

Do you want to include Terrorism coverage? ----- Yes No

The undersigned declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the company/broker of such changes, and the company/broker may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the company/broker to issue or the applicant to buy the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued and it will be attached to and made a part of the policy.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made part hereof.

**Notice to Arkansas Applicants:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Notice to Colorado Applicants:** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities."

**Notice to Florida Applicants:** " Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree."

**Notice to Kentucky Applicants:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime."

**Notice to Maine Applicants:** "It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company/broker. Penalties may include imprisonment, fines or a denial of insurance benefits."

**Notice to New Jersey Applicants:** "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

**Notice to New Mexico Applicants:**"Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

**Notice To New York Applicants:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact materials thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

**Notice to Ohio Applicants:** "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

**Notice to Pennsylvania Applicants:** "Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**Notice to Virginia Applicants:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Month                      Date                      Year

X \_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Company                      Title

**PRODUCED BY (Insurance Agent or Broker)**

**License No.**

**Street Address**

**City**

**State Zip Code**

# NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINES" INSURERS.

2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.

3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.

4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.

5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINES" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.

6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

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

DBA: \_\_\_\_\_

Policy #: \_\_\_\_\_

(PLEASE PRINT)



**NOTICE OF OFFER OF COVERAGE FOR "ACTS OF TERRORISM"**  
**DISCLOSURE OF PREMIUM AND DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF LOSSES**  
**ARISING FROM CERTIFIED "ACTS OF TERRORISM."**

Applicant/Insured's

Applicant/Insured's Mailing

Quote Number:

The Terrorism Risk Insurance Act of 2002 ("Program") established a program within the United States Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future "acts of terrorism," as defined in the Act. The Act defines an "act of terrorism" as any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States: (1) to be an act of terrorism; (2) to be a violent act, or an act that is dangerous to human life, property or infrastructure; (3) to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and (4) to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or to affect the conduct of the United States Government by coercion. Additionally, to be certified, an "act of terrorism" must cause aggregate property and casualty insurance losses of at least five million dollars.

**The Terrorism Risk Insurance Extension Act of 2005 ("Extension Act"), signed into law by the President on December 22, 2005, extends the "Program" through December 31, 2007 by adding Program Year 4 (January 1 – December 31, 2006) and Program Year 5 (January 1 – December 31, 2007). Please note that the "Extension Act" created a new "Program Trigger" for any certified act of terrorism occurring after March 31, 2006, that prohibits payment of Federal compensation by Treasury unless the aggregate industry insured losses resulting from that act of terrorism exceed \$50 million for Program Year 4 and \$100 million for Program Year 5.**

In accordance with these Acts, you have the right to purchase or reject coverage for losses resulting from a certified "act of terrorism." The premium charge to purchase this coverage is set forth below. If you wish to purchase this coverage, please indicate that choice by marking the appropriate box below, sign and date this disclosure notice, and return it to us no later than the effective date of the general liability policy we will be providing you. **Your policy will then be written to include a Terrorism Exclusion; however, this Terrorism Exclusion will not apply to "acts of terrorism" certified by The United States Government.**

If you do not wish to purchase coverage for "Certified Acts of Terrorism," you may reject the coverage by marking the appropriate box below and signing and returning this form to us, again no later than the effective date of the general liability policy we will be providing you. Your policy will then be written to exclude **any losses arising from acts of terrorism, whether certified or non-certified by The United States Government.**

**DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF LOSSES ARISING FROM CERTIFIED "ACTS OF TERRORISM."**

The United States Government will pay a share of any losses arising from certified "acts of terrorism." The Government's share equals 90% of the portion of the amount of such losses that exceed a statutorily established deductible paid by us. **Under the Terrorism Risk Insurance Extension Act of 2005, the Government's share in Program Year 5 will equal 85% of the portion of the amount of such losses that exceed a statutorily established deductible paid by us.** The premium set forth below for coverage for losses arising from certified "acts of terrorism" does not include any charges for the portion of loss covered by the Government under the Act.

**DISCLOSURE OF ESTIMATED PREMIUM PENDING DISPOSITION OF THE “PROGRAM.”**

The premium for Certified Acts of Terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the “Program.” The federal program established by the Act is scheduled to terminate at the end of 12/31/07. The federal program may terminate or may be renewed, extended or continued. If renewed, extended or continued, the renewal program may or may not have revisions in the level or terms of federal participation. Due to the uncertainty of the disposition of the federal program as of 12/31/07, the premium for this coverage for Certified Acts of Terrorism is estimated. Should you choose to purchase this coverage, once disposition of the federal program is determined, coverage for Certified Acts of Terrorism may or may not continue to be afforded to you beyond 12/31/07, and if it is, we may recalculate the premium. Any such recalculations would be made in compliance with all regulatory considerations; should we notify you of an additional premium charge, the additional premium will be due as specified in such notice.

**DISCLOSURE OF PREMIUM AND SELECTION OR REJECTION OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM.”**

**REQUEST TO PURCHASE “PROGRAM” COVERAGE AT FULL GENERAL LIABILITY POLICY LIMITS.** I hereby elect to purchase coverage for losses arising from “Certified Acts of Terrorism.” I understand that the premium quote of \$ \_\_\_\_\_ for this coverage is tentative pending final approval by the Insurer. I further understand that the final approved premium due for this coverage will be an estimate pending disposition of the “Program,” and the Insurer may reconsider providing the coverage, and/or recalculate the premium depending upon the final disposition of the “Program.” I understand that an exclusion of terrorism losses will be part of this policy for terrorism not considered “Certified Acts of Terrorism.”

**REQUEST TO REJECT “PROGRAM” COVERAGE.** I hereby reject coverage for losses arising from certified “acts of terrorism.” I understand that an exclusion of terrorism losses will be part of this policy.

\_\_\_\_\_  
Policyholder's

\_\_\_\_\_  
Date