



Territory 7 - Washington

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.
If you are involved in other areas of Real Estate or are unable to answer "TRUE" to questions 1-4 below please contact The Herbert H. Landy Insurance Agency @ 1-800-336-5422

Name _____ Address _____ City _____ ST ____ Zip _____ E-Mail Address _____ <input type="checkbox"/> In lieu of mailing my policy, you may E-mail my policy to the above address. I agree to accept an electronic copy of my application with my policy.	Tel: _____ Fax: _____ Name of Firm: _____ <input type="checkbox"/> New Business Desired Effective Date _____
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For you to be eligible for this program, the responses to questions 1- 4 below must all be "TRUE".

1. The applicant holds a valid state license or certification in each state in which he/she provides appraisal services. If you are a Trainee, you have passed the initial exam (if required) or any other state requirements.	<input type="checkbox"/> True <input type="checkbox"/> False
2. The applicant does not appraise any real estate in which he/she has an ownership interest.	<input type="checkbox"/> True <input type="checkbox"/> False
3. The applicant has not been disciplined or investigated by any state licensing, administrative or regulatory board as a result of appraisal activities within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
4. There have been no claims reported and/or pending circumstances which could result in a claim made against the Applicant within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False

To be eligible for the Residential Premiums shown below, the responses to questions 5-7 must be "TRUE". All others use the Commercial Premium schedule shown below.

5. In the last fiscal year, 80% or more of my revenues have been derived from residential appraisals.	<input type="checkbox"/> True <input type="checkbox"/> False
6. Within the last fiscal year, I have not appraised any properties valued at greater than \$3,000,000.	<input type="checkbox"/> True <input type="checkbox"/> False
7. Within the last three (3) years my average revenues for appraisal services have not exceeded \$170,000.	<input type="checkbox"/> True <input type="checkbox"/> False

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

	RESIDENTIAL	COMMERCIAL
Per Claim/ Annual Aggregate		
\$300,000 / \$600,000	\$459.00	\$541.00
\$500,000 / \$1,000,000	\$525.00	\$618.00
\$1,000,000 / \$2,000,000	\$593.00	\$700.00

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

Enter the premium you selected from above: \$ _____ Premium

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.

General Star National Insurance 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: 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.

Fraud Warning:

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 material 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 and denial of insurance benefits.

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.

Signature _____ Date ____/____/_____
Must be signed by the applicant

To bind coverage please send the completed application with payment to your agent listed below:



If applicable, please enter:

Name: _____

Policy #: _____

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 **\$25.00 convenience fee**.

Fax your payment for the **selected annual premium (including all applicable state taxes and surcharges) + \$25.00 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) plus the \$25.00 convenience fee** payable to the **Herbert H. Landy Insurance Agency Inc.**
2. Sign the authorization below.
3. Attach to this form with your completed application.
4. Retain a clear photocopy for your records.

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

Signature _____ Date ____/____/____

**Fax your completed application with your check to:
The Herbert H. Landy Insurance Agency Inc. 1-800-344-5422**

Attach Your Check Here (Signature Above Must Be Visible)

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.