



**Territory 8 - Florida**

**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**

<b>Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>ST</b> _____ <b>Zip</b> _____ <b>E-Mail Address</b> _____  <input type="checkbox"/> <b>In lieu of mailing my policy</b> , you may E-mail my policy to the above address. I agree to accept an electronic copy of my application with my policy.	<b>Tel:</b> _____ <b>Fax:</b> _____ <b>Name of Firm:</b> _____  <input type="checkbox"/> <b>New Business</b>  <b>Desired Effective Date</b> _____
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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.**

Per Claim/ Annual Aggregate	RESIDENTIAL	COMMERCIAL
\$300,000 / \$600,000	\$614.00	\$725.00
<b>** \$500,000 / \$1,000,000</b>	<b>\$702.00</b>	<b>\$828.00</b>
\$1,000,000 / \$1,000,000	\$751.00	\$883.00
\$1,000,000 / \$2,000,000	\$797.00	\$937.00

**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 Above

**Step 2: See below**

<b>Florida Residents:</b>	<b>Florida Hurricane Catastrophe Fund.</b> Companies writing property and casualty insurance business in the state of Florida are required to collect a Florida Hurricane Catastrophe Fund surcharge. 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.	\$ _____ <b>Florida Premium Due</b>
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**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.

**Fraud Warning:**

Any person who knowingly, and with the 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 of the third degree.

**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:**

**Agent Name:**

**Herbert H. Landy Insurance Agency, Inc.  
75 Second Ave Suite 410  
Needham MA 02494**

**1-800-336-5422**

**FL License# L004474**



## Premium Payment Options

If Applicable Please Enter:

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

Policy Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

To avoid a gap in your insurance protection we must receive payment by the policy effective date.

**Option 1:** Mail your check for the 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 a convenience check 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 your check:

1. Complete your check for the Annual Premium (including all applicable state taxes and surcharges) + \$25.00 convenience fee payable to the Herbert H. Landy Insurance Agency Inc.
2. Attach your check to this form.
3. Sign the authorization below.
4. Retain the originals for your records.

Fax to the Herbert H. Landy Insurance Agency, Inc.

Fax: 781-449-7908

### Attach Your Check Here Please Do Not Block Signature Below

**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.

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

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

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

**Option 3:** Premium Financing is provided by Premium Financing Specialist Inc. Minimum premium to be eligible for this option is \$1,000. An initial down payment of 25% will be required. The balance will be financed over 9 months. If you would like to finance your premium please either mail your check made payable to Herbert H. Landy Insurance Agency for your down payment or use option #2.

*If you have any questions, or feel that we can be of further assistance please let us know.*

The Herbert H. Landy Insurance Agency Inc.  
75 Second Ave., Suite 410  
Needham, MA 02494  
Tel: (800) 336 - 5422 Fax: (781) 449 - 7908  
Visit our website @ [www.landy.com](http://www.landy.com)