



GREAT AMERICAN ASSURANCE COMPANY
Real Estate Appraisers Errors & Omissions Insurance
Individual Application - Colorado



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

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

If you cannot answer "true" to questions 1-4 contact the Herbert H. Landy Insurance Agency @ 800.336.5422.

Applicant Name: _____		Firm Name: _____	
Street Address: _____			
City: _____	County: _____	State: _____	Zip Code: _____
E-Mail Address: _____		Phone# : _____	Fax# : _____
<input type="checkbox"/> <i>In lieu of mailing my policy, you may email my policy to the above address. I agree to receive an electronic copy of my application with my policy.</i>			
NEW ACCOUNT: Desired Effective Date ____ / ____ / ____		Retroactive Date ____ / ____ / ____	
		RENEWAL: Expiring Policy # _____	

If you have a policy in force, you will need prior acts coverage. Attach a Copy of your current Declarations page showing the prior acts date. For you to be considered for the approximate premium options below, the responses to questions 1- 4 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
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. 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. The applicant's combined total gross revenues for the last three (3) years did not exceed \$500,000.	<input type="checkbox"/> True <input type="checkbox"/> False

PLEASE NOTE: COMPLETION OF THIS FORM DOES NOT BIND COVERAGE.
THIS APPLICATION IS SUBJECT TO UNDERWRITING REVIEW AND COMPANY ACCEPTANCE PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

Per Claim/ Annual Aggregate	Table 1	Table 2
\$300,000 / 600,000	\$648	\$764
\$500,000 / 1,000,000	\$740	\$872
\$1,000,000/ 1,000,000	\$773	\$910
\$1,000,000 / 2,000,000	\$840	\$988

A standard deductible of \$0.00 will be included in each policy	
Enter the premium YOU selected from above	\$ _____ Premium Due

COLORADO FRAUD WARNING: 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 benefits, and/or civil damages. In Colorado, 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 Agencies.

DISCLAIMER

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.

I understand that the final premium will be rounded to the nearest whole dollar. I declare that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agree that this application shall be the basis of, and becomes a part of, my Professional Liability coverage.

Please print your name: _____

Signature: _____

Must be signed by the applicant

Date: _____

To bind coverage please send the completed application and check (including all taxes/surcharges, if applicable) to your agent listed below:



The Herbert H. Landy Insurance Agency Inc.
100 River Ridge Drive | Suite 301 | Norwood, MA 02062
Tel: (800) 336-5422 | Fax: (800) 344-5422
www.landy.com





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.**, 100 River Ridge Drive, Suite 301, Norwood, MA 02062.

Option 2: Sign and complete this form to authorize **Herbert H. Landy Insurance Agency Inc.** to make a onetime debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated. . This is permission for a **single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.**

*******Please fax this form to 800-344-5422 or email to payment@landy.com*******

Please complete the information below:

I _____ authorize **Herbert H. Landy Insurance Agency Inc** to charge my bank account

Indicated below for \$ _____ (**Annual Premium or deposit if financing including all applicable state taxes and surcharges**) + **\$25.00 Non-refundable Convenience fee**

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account within a processing window of 1 to 7 business days from the time The Herbert Landy Insurance Agency is in receipt of this signed and dated form . In the case of the payment being rejected for Non Sufficient Funds (NSF) I Agree The **Herbert H. Landy Insurance Agency Inc** may at its discretion attempt to process the charge again, once for an additional **\$25.00** NSF fee. The charge will be initiated as a separate transaction from the authorized payment. If the payment is rejected a second time, Certified funds will be required and will include an additional \$50.00 fee for the two previously rejected transactions. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute The **Herbert H. Landy Insurance Agency Inc** billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Option 3: Premium Financing is provided by Imperial Premium Financing Specialist Inc. An initial minimum down payment of 20% 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 the Herbert H. Landy Insurance Agency for your down payment or use option #2.

Note: If you are purchasing an Express two year policy; two financing options are available to you:

1. Finance each year individually with a 20% D/P and 9 installments.
2. Finance the full 2 year premium with a 25% D/P and 12 installments.

If you have any questions, or need further assistance please do not hesitate to contact us.

The Herbert H. Landy Insurance Agency Inc.
100 River Ridge Drive | Suite 301 | Norwood, MA 02062
Tel: (800) 336-5422 | Fax: (781) 449-7908
www.landy.com