

GREAT AMERICAN ASSURANCE COMPANY
Real Estate Appraisers Errors & Omissions Insurance
Individual Application – Indiana



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> | | | |
| NEWACCOUNT: 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 eligible for the premium options shown below, 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 |
| 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 |

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 | Table 1 | Table 2 |
|--------------------------------|--------------|--------------|
| \$300,000 / 600,000 | \$501 | \$591 |
| \$500,000 / 1,000,000 | \$573 | \$675 |
| \$1,000,000/ 1,000,000 | \$598 | \$704 |
| \$1,000,000 / 2,000,000 | \$650 | \$764 |

A standard deductible of \$0.00 will be included in each policy

Enter the premium YOU selected from above plus State taxes or Surcharges equals Premium Due \$ _____

Kentucky, New Jersey and West Virginia Applicants: Please see notes below regarding State taxes or surcharges required.

Kentucky Residents:

The premiums above do not include the State, City or County taxes assessed in Kentucky. Contact your agent to obtain the amount of the tax prior to submitting this application.

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. The current assessment is 0.6% and will be displayed on your premium notice. Multiply the premium you selected above by 1.006. This is the total premium and assessment due.

West Virginia Residents:

The State of West Virginia assesses a tax of 0.55% on insurance. Multiply premium you selected above by 1.0055. This is the total premium and tax due.

FRAUD WARNING: 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 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.

ARKANSAS, LOUISIANA AND WEST VIRGINIA FRAUD WARNING: 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.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

D.C. FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: 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 of the third degree.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

KENTUCKY FRAUD WARNING: 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.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA FRAUD WARNING: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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 civil fines and criminal penalties.

NEW YORK FRAUD WARNING: 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, or conceals for the purpose of misleading, information concerning any fact material 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.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: 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 may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING: 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 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.

TENNESSEE FRAUD WARNING: 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.

VIRGINIA AND WASHINGTON FRAUD WARNING: 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.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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 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: _____ **Date:** _____

Must be signed by the applicant

Florida, Iowa and New Hampshire Agents Only, please provide the following: License # _____

Agent or producer name _____ Signature: _____

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