



**GREAT AMERICAN INSURANCE COMPANY**  
**Real Estate Appraisers Liability Insurance**  
**Individual Application - New York**



**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.**

**PLEASE READ THE POLICY CAREFULLY. THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE POLICY FORM. THE POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF ACTS OR OMISSIONS IN THE PERFORMANCE OF APPRAISAL SERVICES WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE. THE RETROACTIVE DATE MAY NOT BE CHANGED DURING THE TERM OF THE CLAIMS MADE RELATIONSHIP AND ANY EXTENDED REPORTING PERIOD.**

**COVERAGE UNDER THE POLICY CEASES UPON TERMINATION OF THE POLICY, EXCEPT FOR AUTOMATIC EXTENDED REPORTING COVERAGE, UNLESS THE INSURED PURCHASES OPTIONAL EXTENDED REPORTING COVERAGE. THE POLICY PROVIDES FOR AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE OF 60 DAYS, OPTIONAL EXTENDED REPORTING PERIOD COVERAGE OF 1, 2 OR 3 YEARS AND OTHER EXTENDED REPORTING PERIODS MAY BE AVAILABLE FOR AN UNLIMITED DURATION OF TIME AFTER THE TERMINATION OF THE POLICY. IF THERE IS NO UNLIMITED EXTENDED REPORTING PERIOD, POTENTIAL COVERAGE GAPS MAY ARISE AT THE EXPIRATION OF ANY APPLICABLE EXTENDED REPORTING PERIOD.**

**DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF THE OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.**

**THIS POLICY PROVIDES THAT CLAIM EXPENSES, INCLUDING LEGAL DEFENSE, ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES MAY BE REDUCED BY UP TO 50% BY CLAIM EXPENSES FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$500,000 OR GREATER.**

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>	
<b>NEW ACCOUNT:</b> Desired Effective Date ____ / ____ / ____ Retroactive Date ____ / ____ / ____ <b>RENEWAL:</b> 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
<b>If questions 5, 6 and 7 are all answered "True", refer to Table 1 for your territory. If questions 5, 6 OR 7 are answered "False", refer to Table 2 for your territory.</b>	
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

**Territory 1 applies to Applicants/Insureds in the following counties:**

Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Suffolk and Westchester

Per Claim/ Annual Aggregate	Table 1 (questions 5, 6 & 7 are ALL True)	Table 2 (question 5, 6 OR 7 are False)
\$500,000 / 500,000	\$618	\$728
\$500,000 / 1,000,000	\$661	\$779
\$1,000,000/ 1,000,000	\$707	\$831
\$1,000,000 / 2,000,000	\$750	\$882

**Territory 2 applies to Applicants/Insureds in all other counties not listed above:**

Per Claim/ Annual Aggregate	Table 1 (questions 5, 6 & 7 are ALL True)	Table 2 (question 5, 6 OR 7 are False)
\$500,000 / 500,000	\$536	\$631
\$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**

<b>Enter the premium YOU selected from above</b>	<b>\$ _____ Premium Due</b>
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**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.**

**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.

Please print your name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Must be signed by the applicant

*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](http://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](http://www.landy.com)