

REAL ESTATE APPRAISERS ERRORS AND OMISSIONS INSURANCE APPLICATION



New York – Territory 1

**APPLICATION FOR THE FOLLOWING COUNTIES ONLY: NY
(Manhattan), Bronx, Kings (Brooklyn), Queens, Richmond (Staten
Island), Nassau, Suffolk, Westchester, Rockland and Putnam**

**THIS IS A CLAIMS-MADE POLICY.
THE LIMITS OF LIABILITY OF THIS POLICY CAN BE REDUCED, AND MAY BE
COMPLETELY EXHAUSTED, BY CLAIMS EXPENSES CLAIMS EXPENSES.**

Please read the issued policy and all endorsements and attachments carefully.

THE COMPANY SHALL HAVE NO OBLIGATION TO PAY ANY **CLAIMS EXPENSES** OR **DAMAGES** IF THE LIMITS OF LIABILITY OF THIS POLICY HAVE BEEN EXHAUSTED BY PAYMENTS OF **CLAIMS EXPENSES** OR **DAMAGES**. THE DEDUCTIBLE IS APPLICABLE EITHER TO **DAMAGES** ONLY OR TO BOTH **DAMAGES** AND **CLAIMS EXPENSES** AS SHOWN ON THE DECLARATIONS PAGE OF THIS POLICY.

This application is for an **individual** deriving 100% of revenue from performing real estate appraisals.
If you are involved in other areas of real estate, contact OREP: 888-347-5273; Email: appraisers@orep.org; Fax: 619-704-0793

Applicant _____ Address _____
(First Name, Middle Initial, Last Name)

City _____ ST _____ Zip _____ Tel: _____ Fax: _____

NOTE: Coverage afforded shall apply to appraisals performed by the applicant appraiser only. Coverage does not apply to the supervision or approval of appraisals performed by others.

E-Mail Address: _____

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 the policy.

Desired Effective Date: _____ Policy Number (if renewal): _____

Name of appraisal firm in which you are affiliated: _____

PROGRAM ELIGIBILITY

To be eligible for this program, the responses to questions 1- 4 below must <u>all</u> 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 investigated or disciplined 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 made or reported nor am I aware of any circumstances which could result in a claim made against the applicant within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False

PRIOR ACTS DATE/RETROACTIVE DATE

5. The applicant currently has an active Appraisers Errors & Omissions Insurance Policy? (MUST CHECK ONE)	<input type="checkbox"/> True <input type="checkbox"/> False
6. If question 5 is "TRUE", what is the Prior Acts Date on your current policy (also known as the Retroactive Date)? <i>INFORMATION ONLY. The Prior Acts Date (also known as the Retroactive Date) is typically found on the Declarations Page, which is the first page of the policy. If it is not included on the Declarations Page, it will be included in one of the endorsements attached to your policy. All Errors & Omissions policies are assigned a Prior Acts Date, enter the date in question #6 (above) as it appears on your Declarations Page or endorsement. If the assigned Prior Acts Dates is "N/A" this typically means you have assigned Full Prior Acts Coverage, in which case Group 2 Premiums apply.</i>	<hr/> MM/DD/YYYY

RESIDENTIAL VS COMMERCIAL PREMIUM

To be eligible for the Residential Premiums shown below, the responses to questions 7-9 must <u>all</u> be "TRUE". All others use the Commercial Premium schedule shown below	
7. In the last fiscal year, 80% or more of the applicant's revenues have been derived from residential appraisals.	<input type="checkbox"/> True <input type="checkbox"/> False
8. Within the last fiscal year, the applicant has not appraised any properties valued at greater than \$3,000,000.	<input type="checkbox"/> True <input type="checkbox"/> False
9. The applicant's total gross revenues did not exceed \$500,000 for the last three (3) year period.	<input type="checkbox"/> True <input type="checkbox"/> False

GROUP 1 PREMIUMS

To be eligible for Group 1 Premiums, the applicant:

- Has an active Appraisers Errors and Omissions Insurance policy with a Prior Acts Date (also known as a Retroactive Date) in question 6 that is 8/1/2008 or more recent (a date between 8/1/2008 and today);
or
- Does NOT have an active Appraisers E&O insurance policy (i.e., your response to question 5 is "FALSE").

Per Claim/ Annual Aggregate Limit	RESIDENTIAL	COMMERCIAL
<i>Select Desired Limit</i>	To be eligible for the residential premium your responses to questions 7-9 must all be "true".	
\$500,000 / \$1,000,000	\$661	\$779
\$1,000,000 / \$1,000,000	\$707	\$831
\$1,000,000 / \$2,000,000	\$750	\$882

GROUP 2 PREMIUMS

Group 2 Premiums apply to any applicant who does not qualify for Group 1, including if the Prior Acts Date (also known as a Retroactive Date) in question 6 is either:

- 7/31/2008 or older;
or
- "None", "Not Applicable", "N/A", "Full" or "Unlimited".

Per Claim/ Annual Aggregate Limit	RESIDENTIAL	COMMERCIAL
<i>Select Desired Limit</i>	To be eligible for the residential premium your responses to questions 7-9 must all be "true".	
\$500,000 / \$1,000,000	\$991	\$1,169
\$1,000,000 / \$1,000,000	\$1,060	\$1,246
\$1,000,000 / \$2,000,000	\$1,125	\$1,323

Premium	Enter the premium YOU selected from above: \$ _____ Premium Due A standard DEDUCTIBLE of \$0.00 per claim applies to each policy.
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If you have an active and in-force Appraisers Errors & Omissions Insurance you need prior acts coverage. Attach a copy of your current policy's declaration page showing the prior acts date (also known as the retroactive date) when submitting this application. Notice: the premium will be corrected if such date contradicts a response to questions 5 or 6.



APPLICATION
Real Estate Appraisers Errors & Omissions Insurance

NOTICE

THIS IS AN APPLICATION FOR CLAIMS-MADE INSURANCE. IT IS IMPORTANT THAT THE APPLICANT REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO THE APPLICANT'S CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. GENERAL STAR WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH THE APPLICANT IS AWARE OF PRIOR TO THE INCEPTION DATE OF ANY COVERAGE THAT IS OFFERED AND ACCEPTED.

THIS REAL ESTATE APPRAISERS ERRORS AND OMISSIONS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS. THE COVERAGE PROVIDED BY THIS POLICY IS LIMITED TO ONLY THOSE **CLAIMS**, WHICH ARISE FROM **PROFESSIONAL SERVICES** RENDERED ON OR AFTER THE RETROACTIVE DATE AS STATED ON THE DECLARATIONS PAGE AND BEFORE THE END OF THE **POLICY PERIOD**, THAT ARE FIRST MADE AGAINST THE **NAMED INSURED** DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE COMPANY AS SOON AS PRACTICABLE DURING THE **POLICY PERIOD**, ANY RENEWAL THEREOF, OR ANY APPLICABLE EXTENDED REPORTING PERIOD. AFTERWARDS, COVERAGE CEASES.

THE LENGTH OF THE AUTOMATIC EXTENDED REPORTING PERIOD IS 60 DAYS, THE OPTIONAL EXTENDED REPORTING PERIOD CAN BE 12 MONTHS, 24 MONTHS OR 36 MONTHS AND OTHER EXTENDED REPORTING PERIODS MAY BE AVAILABLE FOR AN UNLIMITED DURATION OF TIME AFTER THE **TERMINATION OF COVERAGE**. IF THERE IS NO UNLIMITED EXTENDED REPORTING PERIOD, POTENTIAL COVERAGE GAPS MAY ARISE UPON EXPIRATION OF ANY APPLICABLE EXTENDED REPORTING PERIOD.

PLEASE REVIEW THE POLICY CAREFULLY. THIS POLICY CONTAINS IMPORTANT EXCLUSIONS AND CONDITIONS. ALL WORDS OR PHRASES (OTHER THAN CAPTIONS) THAT ARE PRINTED IN BOLD FACE ARE DEFINED IN THE POLICY. PLEASE DISCUSS ANY QUESTIONS CONCERNING THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE – State Insurance Guarantee Fund

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.

IT IS AGREED THAT. the statements in the **Application** are the **Named Insured's** agreements and representations, that they shall be deemed material, that this Policy is issued in reliance upon the truth of such representations that this Policy embodies all agreements existing between the **Named Insured** and the Company or any of its agents relating to this insurance, and they shall be considered as incorporated into and constitute a part of this Policy.

Completion of the application or tendering of premium does not bind coverage.

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 Application for Real Estate Appraisers Errors and Omissions Insurance.

Warning -- New York Residents

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 \$5,000, and the stated value of the claim for each such violation.

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

Please mail, fax or email your completed application and payment to your agent:

David Brauner / David Brauner Insurance Services

OREP

6760 University Ave., Suite 250, San Diego, Ca. 92115

Phone: 888-347-5273; Fax: 619-704-0793; Email: appraisers@orep.org

Marsh U.S. Consumer

P.O. Box 8146 Des Moines, IA 50306-8146 866-795-9613



ORGANIZATION OF REAL ESTATE PROFESSIONALS

OREP—Organization of Real Estate Professionals Insurance Services, LLC. Calif. Lic. #0K99465
6760 University Ave. #250 San Diego, CA 92115 (888) 347-5273 info@orep.org

To Purchase Insurance

Submit your completed application with payment to appraisers@orep.org or Fax: 619-704-0793.
(Please remember to save the PDF before submitting or it will arrive blank.)

Click to Pay Via Secure Online Portal: <http://orep.org/NY-pay-m>

() To finance, please check box at left and return completed application. No payment is required at this time. A financing agreement will be emailed to you with terms and conditions.

(Find alternate payment form option on last page.)

OREP Insurance & Business Support

Thank you for purchasing your insurance through the OREP Risk Purchasing Group (RPG)! As a member of the OREP RPG, you enjoy valuable information and risk management—free or discounted. Enjoy guaranteed delivery of *Working RE* magazine, exclusive risk management support from industry pros, and many other products and services designed to help you grow and protect your business. Find a complete list of benefits [here](#).

Working RE Magazine – Print Subscription + Premium Content Online

Enjoy a free subscription to [Working RE Magazine](#), including the print magazine and over 300 premium content articles unlocked for members (\$50 value).

[OREP Education Network](#)

OREP / Working RE Free Coursework: Appraise more efficiently and with less liability. Grow your business with expert marketing help. OREP insureds enjoy these free training courses:

- Easy Ways to Use Excel to Support Your Adjustments
- Understanding Quality and Condition (Q&C) Ratings
- Appraising Complex and Unusual Properties (Two-Part Series)

Approved Continuing Education

Valuable continuing education discounted for insureds including *How to Support and Prove Your Adjustments* and bundles up to 49 hours. Visit OREPEducation.org for details.

[State Board Complaints: Expert Consulting Service](#)

Enjoy free consultation from USPAP expert Bob Keith, former Executive Director and Appraiser Program Compliance Coordinator for the Oregon Appraiser Certification and Licensure Board. Members also enjoy 15% off consulting services if needed. (Program slightly different in Oregon.)

[FHA Inspection Checklist, Checklist Instructions and eBook](#)

The Checklist serves as a field guide for completing your reports efficiently and safely.

[AMC Resource Guide](#)

Includes nearly 300 verified AMCs. Find the best AMCs to work with. Contact information included.

[Full-Fee Directory and Marketing Guide](#)

Find Full-Fee clients fast.

Corporate Savings - Save Money Every Month (FREE to Members and Affiliates)

Save money from Office Depot, Staples, Dell, FedEx, UPS and many more. Email info@orep.org with "Corporate Savings" in the subject for instructions



ORGANIZATION OF REAL ESTATE PROFESSIONALS

OREP—Organization of Real Estate Professionals Insurance Services, LLC. Calif. Lic. #0K99465
6760 University Ave. #250 San Diego, CA 92115 (888) 347-5273 info@orep.org

Alternate Payment Page

Please complete and email to appraisers@orep.org or FAX: 619-704-0793

Premium you selected from application \$ _____

OREP RPG Fee + \$50.00

\$ _____ **Total**

Suggested FHA Appraising Support (Optional)

For more Efficient and Compliant FHA Appraising. (Unconditional money-back guarantee applies.)

() **FHA Checklist, Instructions and eBook** (\$40.00)

\$ _____ **Total + \$40/FHA Guide optional material.**

() **Financing:** To finance, please check box at left and return completed application. Not payment is required at this time. A financing agreement will be emailed to you with terms and conditions.

Pay by E-Check

1. Make check payable to OREP for total amount due and attach to this form (below).
 2. Sign the authorization below and fax or email application with form/check.
 3. Keep the physical check for your records. (Do not mail.)
- (Checks drawn on a line of credit cannot be processed.)**

Authorization: Signature authorizes OREP to charge bank account as per the attached check:

_____ /____/____
Your Signature *Date Signed*

→ If paying by check, attach here and remember to sign the authorization above. You may cover the credit card area with your check.

Attach Your Check Here

Payment by Credit Card

Amount Charged \$ _____

Cardholder's Name: _____

Billing Address: _____

City _____ State _____ Zip: _____

Credit Card Number: _____ Exp. date: ____/____/____

Signature of cardholder: _____ Date signed ____/____/____

*Risk Purchasing Group Notice: By applying for this insurance that is the subject of this insurance application, the applicant is also applying for membership in the OREP Risk Purchasing Group, Inc. ("OREP RPG"). OREP RPG is an unincorporated association that operates as a 'risk purchasing group' as defined in the Federal Liability Risk Retention Act (15 U.S.C. §3901 et. seq.). If liability insurance coverage is placed on behalf of the applicant through OREP RPG, such coverage will be in accordance with the OREP RPG insurance program requirements, including payment when due of all insurance premiums as well as any OREP RPG membership fees.