

# Professional Insurance Brokers, Inc

515 E Carefree Highway PMB 857 Phoenix, AZ 85085 v. 623.465.5300 v. 800.666.2008

# **APPRAISERS**

## We offer affordable ERRORS & OMISSIONS INSURANCE

- •
- Trainees are eligible for this program if they have passed their initial test and need to satisfy an apprenticeship
- NO MEMBERSHIP FEES
- Simple, self rating application
- FULL PRIOR ACTS COVERAGE AVAILABLE with copy of expiring declarations page
- · Policy limits to: \$1million/2million
- This policy includes insurance for claims brought by LENDERS
- . Claim expenses are provided in addition to the policy limits
- Easy to bind coverage:

Simply complete and sign both the application and the cover sheet, send along with your premium check made payable;

### PROFESSIONAL INSURANCE BROKERS, INC.

To the address above

- ~ Please include your expiring declarations page ~
- This insurance coverage only applies to services rendered by the Named Insured.
   Supervision, review or approval of work done by others is NOT covered

| <ul> <li>I have read and understand these exclusions to the coverage</li> </ul> |        |  |
|---|--------|--|
| Signature   | Date   |  |
| I give my approval to email my policy   | yyesno |  |

Professional Insurance Brokers, Inc.

Professionals Serving Professionals

### Real Estate Appraisers Errors & Omissions Insurance





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

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

If you are involved in other areas of Real Estate contact your agent for assistance.

| Name   |         |                |                |  |
|--|---------|----------------|----------------|--|
| Address  |         |                |                |  |
| City ST  | Zip     | County         |                |  |
| Phone Fax  |         |                |                |  |
| Name of Firm   |         |                |                |  |
| Email Address  |         |                |                |  |
| ☐ <b>In lieu of mailing my policy</b> , you may Email my policy to the above address. I agree to accept an electronic copy of my application with my policy.   |         |                |                |  |
| ☐ New Business Desired Effective Date  |         |                |                |  |
| 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. |         |                | ☐ True ☐ False |  |
| 2. The applicant does not appraise any real estate in which he/she has an ownership interest.  |         |                | ☐ True ☐ 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.  |         |                | ☐ True ☐ 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.   |         |                | ☐ True ☐ 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.  |         |                | ☐ True ☐ False |  |
| 6. Within the last fiscal year, I have not appraised any properties valued at greater than \$3,000,000.  |         |                | ☐ True ☐ False |  |
| 7. The applicant's combined total gross revenues for the last three (3) years did not exceed \$500,000.  |         | ☐ True ☐ 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 | Tabl           | e 2            |  |
| \$300,000 / 600,000  | \$714   | \$97           |                |  |
| \$500,000 / 1,000,000  | \$817   | \$10           |                |  |
| \$1,000,000/ 1,000,000   | \$853   | \$10           |                |  |
| \$1,000,000 / 2,000,000  | \$927   | \$11           | 12             |  |

A standard deductible of \$500.00 per claim / \$1,000.00 aggregate will be included in each policy

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.

Enter the premium YOU selected from above

Premium

Premium Due

**Notice:** By applying for this insurance, the applicant also is applying for membership in The Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

**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.

| COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLIC TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PRO  | ANT ACCEPTS NOTICE THAT THEY ARE REQUIRED ANY CHANGES TO THIS APPLICATION THAT MAY |  |  |
|---|--|--|--|
| 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. |  |  |  |
| SignatureMust be signed by the applicant  | Date/  |  |  |

Please mail your application and check payable to your agent:

PROFESSIONAL INSURANCE BROKERS,INC PMB 857 515 E CAREFREE HIGHWAY PHOENIX, ARIZONA 85085



Founded in 1949 the Herbert H. Landy Insurance Agency has specialized in providing professional liability insurance since 1962, insuring thousands of professionals throughout the United States. We are committed to "earning the privilege" of being your chosen source for this valuable insurance.