

# **APPLICATION Real Estate Appraisers Errors & Omissions Insurance** (New Jersey)

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 please contact the agent shown above. \_\_\_\_\_ Address \_\_\_\_\_ (First Name, Middle Initial, Last Name) \_\_\_\_ ST \_\_\_ Zip \_\_\_\_ Tel: \_\_\_\_ Fax: \_\_\_\_ 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. ☐ 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 "TRUI	<b>=</b> "
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 investigated or disciplined 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 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.	☐ True ☐ False

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# PRIOR ACTS DATE/RETROACTIVE DATE

5.	The applicant currently has an active Appraisers Errors & Omissions Insurance Policy?  (MUST CHECK ONE)	☐ True ☐ False
6.	If question 5 is "TRUE", what is the Prior Acts Date on your current policy (also known as the Retroactive Date)?  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.	MM/DD/YYYY

# RESIDENTIAL VS COMMERCIAL PREMIUM

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

#### **GROUP 1 PREMIUMS**

To be eligible for Group 1 Premiums, the applicant:

- 1. 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);
- 2. 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	
Select Desired Limit	To be eligible for the residential premium your responses to questions 7-9 must all be "true".	
\$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

#### **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:

1. 7/31/2008 or older;

or

2. "None", "Not Applicable", "N/A", "Full" or "Unlimited".

Per Claim/ Annual Aggregate Limit	RESIDENTIAL	COMMERCIAL	
Select Desired Limit	To be eligible for the residential premium your responses to questions 7-9 must all be "true".		
\$300,000 / \$600,000	\$752 \$887		
\$500,000 /\$1,000,000	\$860	\$1,013	
\$1,000,000 / \$1,000,000	\$897	\$1,056	
\$1,000,000 / \$2,000,000	\$975	\$1,146	

AP 08 0032NJ 06 11 Page 2 of 3



# APPLICATION Real Estate Appraisers Errors & Omissions Insurance

# PREMIUM CALCULATION

New Jersey Insurance Guaranty Association Fund:   Multiply the premium you selected in step 1 by 1.009 and round to the nearest dollar.   Step 2   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 in 0.9% and will be displayed on your premium notice.	Step 1:	Enter the premium for your desired limit from Page 2:  A standard DEDUCTIBLE of \$0.00 per claim applies to each policy.	\$ Premium
and production of the contraction of the contractio	Step 2	Multiply the premium you selected in step 1 by 1.009 and round to the nearest dollar.  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	T

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.

**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.

## Fraud Warning:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE 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.

Signature_		Date	 /	/	
_	Must be signed by the applicant				

Please mail, fax or email your application and check payable 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



#### **Benefits for Members and Affiliates**

Visit www.orep.org/benefits.asp or email info@orep.org for more information.

#### Working RE Magazine - Print Subscription + Premium Content Online

OREP members receive a *free* subscription to Working RE Magazine, including the print magazine and full access to online premium content (over 250 premium content articles that are unlocked for members). Contact us for login instructions to access these stories.

#### **OREP / Working RE Webinars**

Want the latest news, tips and advice from experts in your industry? The OREP / Working RE Webinar Series is designed to increase your bottom line and professional expertise at prices you can afford. Learn how to do non-lender work, use mobile tools, limit your liability, maintain your appraiser independence, and more. Attend these webinars live, or purchase the recordings. \*OREP Members <u>always</u> get a discount.

### **Approved Continuing Education at Cost for OREP Members/Affiliates**

- \* Appraisers: Essential Elements of Disclosures & Disclaimers (Reduce Liability!)
- \* Inspectors: *Home Inspection Safety* (ASHI, NAHI, NACHI, State Approved: Learn to Stay Safe!) Offered through McKissock Education, email info@orep.org for details

#### Save Money: Continuing Education Bundled Packages up to 49 Hours

McKissock Education offers OREP members a discount on approved education in 50 states. This discount applies to all individual courses and USPAP/licensing coursework. Go to <a href="https://www.orep.org/benefits.asp">www.orep.org/benefits.asp</a> to locate and register for classes (you must register through our link to receive the discount). Classes are for appraisers, inspectors and real estate professionals.

# FHA Inspection Checklist, Checklist Instructions and eBook

The Checklist serves as a field guide for completing your reports; the instructions explains how to complete the two-page checklist line by line; and the eBook saves you time and money by summarizing and organizing the material you need. \$40 for members (\$49 regularly). Go online to our benefits page to order.

#### **AMC Resource Guide**

Nearly 300 verified AMCs. Guide gives details on how to sign up and information on creating top ranking websites. Two versions available - printed (mailed) for \$89.95 and electronic (emailed) for \$69.95 (OREP members save \$10). Go online to our benefits page to order.

#### **Group Medical Plans/California- No Application**

California residents qualify for programs offered through Kaiser Permanente, Allied National, PacifiCare, and United Healthcare with no pre-existing condition limitations and no-deductible plans. Email your contact information to info@orep.org for a qualified insurance professional to contact you.

#### **Be Protected & Save Money with these Insurance Products**

Working with CNA Insurance, OREP can now quote appraisers and agents/brokers on comprehensive **General Liability/Property coverage, Workers Comp**. (if you have employees), **Commercial Auto and Umbrella**. Available in all states except AK and HI. Please contact OREP for a quote. OREP can also help with your commercial auto needs (you may need it and not know it!). **OREP also offers members General Liability for home-based businesses** which includes premises liability and covers tools, equipment and more.

# **Corporate Pricing - Save Money Every Month (we do)**

Save money from Office Depot, Staples, Dell, FedEx, UPS and many more. There is no cost for OREP members and Affiliates. Email info@orep.org with "Corporate Savings" in the subject for instructions. Read more at Workingre.com, Save Money with your Favorite Office Suppliers.



**To Bind Insurance:** please return (fax/email/mail) completed application & payment using payby-check or credit card forms below. Fax: 619-704-0793; Email: <a href="mailto:appraisers@orep.org">appraisers@orep.org</a>

Premium selected from application	\$			
OREP Service/Processing Fee (annual) Includes Benefits (Working RE Mag., savings/ discounts on approved education and more.)	+ \$50.00 <b>\$</b>	_ Total Due: Premiun	n + ORFF	P Fee
( ) Financing: To finance, please check box at left and financing agreement will be emailed to you with terms an	return complete			
>>Optional Materials (add to insurance premium) ( ) FHA Checklist, Instructions and eBook Makes FHA appraising Faster and Easier Proven to simplify FHA valuation process.	+ \$40.00			
( ) Recorded Webinar:  Mobile Appraising: Saving Time AND Money  Learn the technology and techniques you need to increase your efficiency and your bottom line.	+ \$29.00			
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Authorization: Signature authorizes OREP to cha	rge bank acco	ount as per the attac	ched che	eck: /_
Your Signature			Date Sig	ned
→ If paying by check, attach here and r above. You may cover the credit card a  Pay by Credit Card			orizatio	on ——
Type of Card: ( ) MasterCard ( ) Visa				
Amount Charged: \$				
Cardholder's Name:				
Billing Address:				
CityState_				
City State Credit Card Number:	Zip:		/	

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