



**APPLICATION
Real Estate Appraisers Errors & Omissions Insurance
(Wisconsin)**

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.

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 all be "TRUE".

<p>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.</p>	<p><input type="checkbox"/> True <input type="checkbox"/> False</p>
<p>2. The applicant does not appraise any real estate in which he/she has an ownership interest.</p>	<p><input type="checkbox"/> True <input type="checkbox"/> False</p>
<p>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.</p>	<p><input type="checkbox"/> True <input type="checkbox"/> False</p>
<p>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.</p>	<p><input type="checkbox"/> True <input type="checkbox"/> False</p>

PRIOR ACTS DATE/RETROACTIVE DATE

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

RESIDENTIAL VS COMMERCIAL PREMIUM

<p>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</p>	
<p>7. In the last fiscal year, 80% or more of the applicant's revenues have been derived from residential appraisals.</p>	<input type="checkbox"/> True <input type="checkbox"/> False
<p>8. Within the last fiscal year, the applicant has not appraised any properties valued at greater than \$3,000,000.</p>	<input type="checkbox"/> True <input type="checkbox"/> False
<p>9. The applicant's total gross revenues did not exceed \$500,000 for the last three (3) year period.</p>	<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".	
\$300,000 / \$600,000	\$416	\$491
\$500,000 / \$1,000,000	\$476	\$561
\$1,000,000 / \$1,000,000	\$497	\$585
\$1,000,000 / \$2,000,000	\$540	\$635

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".	
\$300,000 / \$600,000	\$587	\$692
\$500,000 / \$1,000,000	\$671	\$791
\$1,000,000 / \$1,000,000	\$701	\$825
\$1,000,000 / \$2,000,000	\$761	\$895

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.



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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 always 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 www.orep.org/benefits.asp 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, PacificCare, 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.*

Need General Liability (Business)

Insurance? Click to learn more:
www.orep.org/gl-insurance.htm



To Bind Insurance: please return (fax/email/mail) completed application & payment using pay-by-check or credit card forms below. Fax: 619-704-0793; Email: appraisers@orep.org

Premium selected from application \$ _____

OREP Service/Processing Fee (annual) + \$50.00
Includes [Benefits](#) (Working RE Mag., savings/ discounts on approved education and more.) \$ _____ **Total Due: Premium + OREP Fee**

Financing: To finance, please check box at left and return completed application **without payment**. A financing agreement will be emailed to you with terms and conditions.

>>Optional Materials (add to insurance premium)

[FHA Checklist, Instructions and eBook](#) + \$40.00
Makes FHA appraising Faster and Easier
Proven to simplify FHA valuation process.

[Recorded Webinar: Mobile Appraising: Saving Time AND Money](#) + \$29.00
Learn the technology and techniques you need to increase your efficiency and your bottom line.

\$ _____ **Total Insurance + Optional Materials**

Pay by Check Electronically

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.)
4. **Important: Checks drawn on a line of credit can not 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.

Pay by Credit Card

Type of Card: MasterCard Visa

Amount Charged: \$ _____

Cardholder's Name: _____

Billing Address: _____

City _____ State _____ Zip: _____

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

Cardholder's Signature: _____ Date signed ____/____/____