



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

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".**

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

<p>5. The applicant currently has an active Appraisers Errors &amp; Omissions Insurance Policy? (MUST CHECK ONE)</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 &amp; 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><b>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</b></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	\$570	\$672
\$500,000 / \$1,000,000	\$651	\$768
\$1,000,000 / \$1,000,000	\$680	\$819
\$1,000,000 / \$2,000,000	\$739	\$869

### 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;
- "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	\$804	\$948
\$500,000 / \$1,000,000	\$918	\$1083
\$1,000,000 / \$1,000,000	\$959	\$1155
\$1,000,000 / \$2,000,000	\$1042	\$1225

<p>Premium</p>	<p>Enter the premium YOU selected from above: \$ _____ Premium Due A standard DEDUCTIBLE of \$0.00 per claim applies to each policy.</p>
<p>If you have an active and in-force Appraisers Errors &amp; 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.</p>	



**APPLICATION**  
**Real Estate Appraisers Errors & Omissions Insurance**

**Fraud Warning:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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*

Insurance Agent or Producer's Name: **David James Brauner**

License Number: **E059100**

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](http://www.orep.org/benefits.asp) or email [info@orep.org](mailto: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](mailto: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](http://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](mailto: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](mailto:info@orep.org) with "Corporate Savings" in the subject for instructions. Read more at [Workingre.com](http://Workingre.com), *Save Money with your Favorite Office Suppliers.*



**PAYMENT PAGE**

**To bind, please fax (or mail) this back with the completed application and payment.**

Premium you selected from application \$ \_\_\_\_\_ Total Due to Bind Insurance

**OREP Benefits (Optional)**

( ) Include all OREP **Benefits:** Essential Elements of Disclosures and Disclaimers Cont. Ed\* online course at cost (\$63 savings) Working RE print/online (\$50 value), Corporate Pricing/save on goods/services, other discounts and fast, personal service. + \$50.00

\$ \_\_\_\_\_ **Total due with Optional Benefits**

**( ) I have paid for the OREP Benefits and would like to receive the FHA Material**

If you have included the fee for the OREP benefits and would like to receive the FHA Checklist, Instructions and eBook (\$49 value) for free, please mark here.

\* This continuing education online course is not state-approved in Florida.

**( ) Faxing Payment by Check. It's Fast, Free and Simple.** Here's how:

1. Complete your check payable to OREP for the total amount due and attach it to this form (below).
2. Sign the authorization below and fax the completed form and check to OREP: **(619) 704-0567 or (619) 269-3884.**
3. Keep the physical check for your records. (Do not mail.)
- 4. Note: Checks drawn on a line of credit can not be processed.**

This signature authorizes OREP to charge my bank account as per the attached check:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Your Signature** **Date Signed**

**(Attach your completed check here (over the credit card information) made out to OREP and fax with your completed application to: (619) 704-0567 or (619) 269-3884.)**

Attach Your Check Here

**( ) Payment by Check or Money Order (by mail):** I have enclosed a check for the total amount due.

**( ) Payment by Credit Card**

Type of Card: ( ) MasterCard ( ) Visa

Amount Charged \$ \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_ / \_\_\_\_

Signature of cardholder: \_\_\_\_\_

Date signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_