



Massachusetts

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

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

Name \_\_\_\_\_

Name of Firm (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_  In lieu of emailing, please mail me my policy.

No Prior Coverage (Desired Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

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.

To be eligible for this program, you must be able to answer TRUE to questions 1 and 2.

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 disciplined or investigated by any state licensing, administrative or regulatory board as a result of appraisal activities within the past 5 years. <i>*If False, complete question 8 on page 2.</i>	<input type="checkbox"/> True <input type="checkbox"/> 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. <i>*If False, complete question 9 on page 2.</i>	<input type="checkbox"/> True <input type="checkbox"/> 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.	<input type="checkbox"/> True <input type="checkbox"/> False
6. Within the last fiscal year, I have not appraised any properties valued at greater than \$3,000,000.	<input type="checkbox"/> True <input type="checkbox"/> False
7. The applicant's combined total gross revenues for the last three (3) years did not exceed \$500,000.	<input type="checkbox"/> True <input type="checkbox"/> 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	Table 2
\$300,000 / 600,000	\$432	\$510
\$500,000 / 1,000,000	\$494	\$582
\$1,000,000/ 1,000,000	\$515	\$606
\$1,000,000 / 2,000,000	\$560	\$658

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

<b>Additional Coverage Options (for a charge)</b>	<input type="checkbox"/> Appraiser trainee coverage. Coverage is provided for <i>defense only</i> up to \$15,000, and is subject to a \$2,500 deductible for an additional \$140. <input type="checkbox"/> Appraisal Management Company Extension (return completed application to your agent for final premium)
<b>Premium</b>	Enter the premium YOU selected from above: \$ _____ Enter \$140 if you selected trainee coverage: \$ _____ Enter the total here: \$ _____
<b>CONTINUE TO PAGE 2</b>	

If you answered FALSE to question 3, complete the following and contact your agent.

8. Number of disciplinary actions or investigations in the past 5 years: <i>*Please provide information on a separate sheet with a copy of the complaint documents.</i>	_____
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If you answered FALSE to question 4, complete the following and contact your agent.

9a. Number of claims or pending circumstances in the past 5 years: <i>*Supplementary application required.</i>	_____
9b. Total incurred losses in the past 5 years: <i>*Please provide currently valued loss runs.</i>	\$ _____

If none of the following apply, your Final Premium is the total you entered on Page 1.

<b>FINAL PREMIUM TO BE COMPLETED BY THE CARRIER</b>	Disciplinary action/investigation surcharge	<input type="checkbox"/>
	Claims surcharge	<input type="checkbox"/>
	Appraisal Management Company Extension endorsement	<input type="checkbox"/>
	<b>Final Premium:</b>	\$ _____

Please mail your application, supplemental information (if applicable), and check payable to your agent:

**appraisers@orep.org**

**Tel: 888 347-5273**

**Fax: 619 704-0567**

**David Brauner/OREP**

**6760 University Ave. Ste 250**

**San Diego CA 92115**

**OREP—Organization of Real Estate Professionals  
Insurance Services, LLC. Calif. Lic. #0K99465**

**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 APPLICANT ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.**

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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Must be signed by the applicant





## Application Checklist

To ensure that there is no delay in binding your insurance and the issuance of your policy, please go through this checklist before submitting your application. If the application is not submitted correctly, coverage cannot be bound.

**Please be sure to type or print clearly when completing the application to avoid delays.**

Note: PDF applications can be completed by typing data directly into the form.

Call us if you have any questions – 888-347-5273. Do not include this page with your application.

### Completing My Application Checklist

- I have answered “True” or “False” to questions 1-4. (If “False” is marked for any question, please call OREP to discuss.)
- I have answered “True” or “False” to questions 5-7. (If “False” is marked for any question, please use Table 2 from the Premium table.)
- I have marked the “New Business” box only if I do not have a current policy **cf** am moving my policy to OREP, I have included my current declarations page to cover prior acts.
- I have checked for state taxes.
- If I have a PO Box, I have included my physical address on a separate sheet of paper.
- I have provided my primary email address so OREP can send my policy and contact me regarding benefit updates and industry news.
- I have signed and dated **page two** of the application (the back of page one if mailed).
- I have completed the **OREP payment page** with either a check or credit card information. I understand my application will not be processed without payment.
- My application has been typed or written legibly for a smooth process.

### Frequently Asked Questions

- **What do I need to include when I send my application?**  
Be sure to include the two page Navigators application and the completed OREP payment page. If you have current coverage with a different company that has not expired, include that policy’s declarations page to obtain prior acts coverage (free).
- **How do I sign my application?**  
If you have Adobe Acrobat, you can input your digital signature into the application. If you have Adobe Reader, print the application, sign, then fax, or scan and email, to OREP.
- **Is financing available?**  
Yes. To finance, please complete the two page application and send with a cover letter stating, “Please finance.” A no-obligation finance agreement will then be emailed to you.
- **Where do I send my application?**  
Fax: 619-704-0793 or 619-269-3884. Email: [appraisers@orep.org](mailto:appraisers@orep.org)
- **What happens after I submit my application?**  
A confirmation letter will be emailed within 24 hours if application was received. Your policy and declarations page will be emailed when it arrives from the underwriter, typically within 2-5 business days. If you do not hear from OREP within 24 hours after submitting your application, check your junk or spam folders, then contact OREP.



## Payment Page/Instructions

Please submit your completed application via email or fax. Submit payment using one of the two following options. To finance, please check box here ( ) and return completed application without payment. A financing agreement will be emailed to you with terms and conditions.

### 1. NEW: Online Payment Method

Submit your Credit Card or Electronic Check payment via OREP's Secure Online Payment Portal in minutes. <http://orep.org/MA-pay-n>

Important: Please send your application to OREP via fax or scan+e-mail after submitting your payment online.

### 2. Traditional Payment Method:

Please return (fax/email/mail) the completed payment form below: Fax: 619-704-0793; Email: [appraisers@orep.org](mailto:appraisers@orep.org)

Premium selected from application	\$ _____
<b>OREP Service/Processing Fee</b> (annual) Includes <a href="#">Benefits</a> (Working RE Mag., savings/ discounts on approved education and more.)	+ \$50.00 \$ _____ <b>Total Due: Premium + OREP Fee</b>
<b>&gt;&gt;Optional</b> (added to insurance premium) ( ) <a href="#">FHA Checklist, Instructions and eBook</a> Makes FHA appraising Faster and Easier Proven to simplify FHA valuation process.	+ \$40.00 \$ _____ Total insurance and FHA 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_