



**APPLICATION**  
**Real Estate Appraisers Errors & Omissions Insurance**  
**District of Columbia (DC)**



**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.**

**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:** \_\_\_\_\_  
Do not include banks, AMCs or the name of any entity other than an appraisal firm.

**PROGRAM ELIGIBILITY**

**To be eligible for this program, the responses to questions 1- 3 below must all be "TRUE".  
 Please contact your insurance agent if you are unable to answer "True" to eligibility questions 1-3 below.**

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) and/or any other state requirements.	<input type="checkbox"/> True <input type="checkbox"/> False
2. 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
3. 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

**RESIDENTIAL VS COMMERCIAL PREMIUM**

**To be eligible for the Residential Premiums shown below, the responses to questions 4-6 must all be "TRUE".  
 All others use the Commercial Premium schedule shown below**

4. In the last fiscal year, 80% or more of the applicant's revenues have been derived from residential appraisals.	<input type="checkbox"/> True <input type="checkbox"/> False
5. Within the last fiscal year, the applicant has not appraised any properties valued at greater than \$3,000,000.	<input type="checkbox"/> True <input type="checkbox"/> False
6. The applicant's total gross revenues did not exceed \$500,000 for the last three (3) year period combined.	<input type="checkbox"/> True <input type="checkbox"/> False



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**PREMIUMS**

Per Claim/ Annual Aggregate Limit	RESIDENTIAL PREMIUM	COMMERCIAL PREMIUM
<i>Select Desired Limit</i>	To be eligible for the residential premium your responses to questions 4-6 above must all be "true".	
\$300,000 / \$600,000	\$379	\$446
\$500,000 / \$1,000,000	\$433	\$510
\$1,000,000 / \$1,000,000	\$454	\$535
\$1,000,000 / \$2,000,000	\$491	\$578

*A standard DEDUCTIBLE of \$0.00 per claim applies to each policy.*

Premium	Enter the premium you selected from above: \$ _____ Premium Due
<p><b>If you have an active and in-force Appraisers Errors &amp; Omissions Insurance policy, you need prior acts coverage. Please attach a copy of your current Declaration Page showing the prior acts date (also known as the retroactive date) when submitting this application.</b></p>	

**NOTICE**

**General Star National Insurance Company** is an "admitted" or "licensed" insurer in all states, subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

The following fraud warning supersedes any others that may appear in any Application or Application Supplement:

**Fraud Warning:**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 appraiser.***