

Associations Liability Insurance Agency APPRAISERS INSURANCE QUESTIONNAIRE

NOTICE: THIS IS A CLAIMS MADE POLICY. COVERAGE IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

Desired Effective Date: _____

Section 1: Applicant Information

Name of Applicant: _____

Company (Firm/Trade Name, DBA): _____

Company Structure: Corporation Partnership Sole Proprietor LLC Other: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Physical Address (if different than above): _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____ Website: _____

Date Company was Established (MM/DD/YYYY): _____

If less than five (5) years, provide past experience: _____

Year current owner assumed management: _____

What states do you do business in: _____

Section 2: Staff

Totals	Number
Applicant (You; If a firm, the primary licensed/certified appraiser)	
Licensed/certified appraiser working solely for you	
Independent subcontractor appraisers not insured elsewhere	
Independent contractor appraisers insured elsewhere	
Registered appraisers, apprentices, trainees	
Office support (clerical, non-licensed)	
Total (Including applicant)	

List all individuals who perform work for the company, whether full- or part-time, licensed or unlicensed, independent contractors (who maintain their own E&O insurance) or independent subcontractors (who do not maintain their own E&O insurance) or office support. Note- any trainees listed must have passed the initial exam (if required) or any other state requirements. All personnel must be reported to us and included in this section:

Full Name	Type (select one)	Full- or Part- time
	<input type="checkbox"/> Owner/Principal <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Independent Subcontractor <input type="checkbox"/> Employee-Appraiser <input type="checkbox"/> Employee-Trainee <input type="checkbox"/> Office Support	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	<input type="checkbox"/> Owner/Principal <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Independent Subcontractor <input type="checkbox"/> Employee-Appraiser <input type="checkbox"/> Employee-Trainee <input type="checkbox"/> Office Support	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	<input type="checkbox"/> Owner/Principal <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Independent Subcontractor <input type="checkbox"/> Employee-Appraiser <input type="checkbox"/> Employee-Trainee <input type="checkbox"/> Office Support	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	<input type="checkbox"/> Owner/Principal <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Independent Subcontractor <input type="checkbox"/> Employee-Appraiser <input type="checkbox"/> Employee-Trainee <input type="checkbox"/> Office Support	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	<input type="checkbox"/> Owner/Principal <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Independent Subcontractor <input type="checkbox"/> Employee-Appraiser <input type="checkbox"/> Employee-Trainee <input type="checkbox"/> Office Support	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	<input type="checkbox"/> Owner/Principal <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Independent Subcontractor <input type="checkbox"/> Employee-Appraiser <input type="checkbox"/> Employee-Trainee <input type="checkbox"/> Office Support	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

NOTE: If there are more individuals to be listed, please submit on a separate page

Section 3: Underwriting Information

1. Are services that applicant provides limited to property appraising, property inspection or real estate services? NoYes
2. Does applicant perform any construction, repair or abatement services or hire sub-contractors to perform these services? NoYes
3. Does applicant hold a valid state license or certification in each state in which he/she provides appraisal services? If applicant is a Trainee, has he/she passed the initial exam (if required) or any other state requirements? NoYes
4. Number of Years fully Licensed/Certified: _____ If less than 2, Number of Years as a trainee: _____
5. Indicate the number of appraisers who have participated in an appraisal related CE program in the past 12 months: _____
6. Indicate the number of appraisers who have attained professional designations related to the appraisal market: _____
7. Percentage of appraisers holding a professional designation? (i.e. MAI, SRA): %
8. Does the applicant have a formalized training program for all professionals? NoYes
9. Are written agreements in place between the Applicant and financial institutions that outline the duties of the appraiser and the fees charged for such services? No Yes
10. Does the applicant always use standard appraisal forms that comply with USPAP? NoYes
11. Does the applicant have documented procedures which include instructions on how to handle complaints? NoYes
12. Does the Applicant perform any Right-of-Way appraisals? No Yes
If Yes, please provide the revenue and number of transactions for the past 12 months:

	Last 12 Months of Revenue	Number of Transactions
Right-of-Way Appraisals	\$	

13. Does Applicant perform Review Appraisals?..... No Yes
If Yes, what is the percentage of income derived from this activity?..... %
14. Does Applicant control, own, or engage in any other business?NoYes
If Yes, please explain: _____
Revenue % from other business:_____
15. Is Applicant controlled, owned, or managed by any other person, partnership, or corporation?..... NoYes
If Yes, please explain: _____
16. Is the Applicant involved in property development or construction (including renovations)? No Yes
If Yes, please explain: _____
17. Does the applicant perform appraisals on properties undergoing condo conversions? No Yes
If Yes; contact your agent to obtain a Supplement For New Construction Developments/Condo Conversions Form.
18. Does the applicant appraise any real estate in which he/she has an ownership interest? No Yes
19. Indicate data sources the Applicant uses for verifying information for accuracy and maintaining quality control over all appraisals produced by your office (check all that apply):
MLS/Trend NDC Public Records Other; please list:_____

20a. Complete table showing revenues and number of appraisals by class shown:

	Last 12 Months		Projected Next 12 Months	
	\$ Gross Income	# of Appraisals	\$ Gross Income	# of Appraisals
RESIDENTIAL PROPERTIES				
Residential Properties as defined below	\$		\$	
COMMERCIAL PROPERTIES				
Industrial Buildings	\$		\$	
Multi-family, Condos, or Apartments (10 or more units)	\$		\$	
Agriculture or Farm Land	\$		\$	
Shopping Centers, Retail Stores or Offices	\$		\$	
Vacant Land-Other than Single residential lots	\$		\$	
Other property Describe: _____	\$		\$	
TOTALS	\$		\$	

Residential Properties mean:

1. Single-family
2. Multi-family, Condos, or Apartments (1-9 units)
3. Vacant Land for Single residential lots only; and/or
4. Any other residential property

20b. In the last fiscal year, have 80% or more of the applicant's revenues been derived from residential appraisals? No Yes

20c. Did the applicant's combined gross revenues exceed \$500,000 for the last three (3) year period? No Yes

21. In the past year, has the Applicant performed any single appraisal with property values in excess of \$3,000,000? No Yes
If yes, list and describe the three (3) largest appraisals performed within the past twelve months.

	Client	Appraised Value	Description of Work
1.			
2.			
3.			

22. Do you utilize any unmanned aircrafts (drones) during the course of your service work?..... No Yes

Section 4: Coverages

Professional Liability (Errors and Omissions)

1. Does the Applicant currently carry Professional Liability (Errors and Omissions) insurance?..... No Yes
If Yes, what is the Retroactive Date (MM/DD/YYYY)? _____

2. Limit of Liability Requested (you may select more than one):
\$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
\$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

3. Deductible Requested (you may select more than one): \$1,000 \$2,500 \$5,000

4. If available, does the Applicant want to purchase the optional Appraisal Management Company (AMC) Coverage? No Yes

Section 5: Property Information

Occupancy of your office: Own the building Tenant Work out of my home

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible

Business Personal Property Limit: _____

(Includes individual pieces of Field Equipment valued under \$5000, office Furniture and Fixtures, Computer Equipment, Computer Data, Tenants Improvements to your office space. This limit should be the total value of what it would cost to replace these items with new replacement items.)

Section 6: History

1. Has any application or policy for similar professional liability insurance on behalf of the Applicant, partners, officers or employees or on behalf of predecessors in business ever been declined, cancelled, or renewal refused? **MISSOURI APPLICANTS NEED NOT REPLY.**

- No
- Yes (less than 5 years ago)
- Yes (more than 5 years ago)

Please provide details in **Explanation Section Below.**

2. Is the Applicant or any individuals listed as staff, aware of any circumstance, incident or complaint which may lead to the filing of a claim or disciplinary action against the Applicant or against any individuals listed as staff?

- No
- Yes

Please complete a Claims Supplement Form for each **Incident.**

3. Have any claims been made against the Applicant, or against any individuals listed as staff?

- No
- Yes (less than 5 years ago)
- Yes (more than 5 years ago)

Please complete a Claims Supplement Form for each **claim.**

4. Has the Applicant or any of the individuals listed as staff ever been the subject of a complaint, investigation and/or disciplinary action by any real estate or appraiser association, state licensing board, or other regulatory body, as a result of professional activities?

- No
- Yes (less than 5 years ago)
- Yes (more than 5 years ago)

Please complete a Claims Supplement Form for each **Disciplinary Action.**

5. Has the applicant had any:

- General liability losses in the past five (5) years: No Yes
- Property losses within the past five (5) years: No Yes

If "Yes", please provide details including the date, amount paid, description of the losses, or provide currently valued loss runs.

Explanation Section:

Applicant's Printed Name

Title

Date

For company use only:

National Producer # 663060 / CA License # 036692

Agent/Producer Name License #

Coverage Questionnaire

As a licensed insurance broker, one of our fiduciary duties is to identify exposures and procure insurance coverage to mitigate your business risks. To fulfill our fiduciary responsibility we **require** this Insurance Risk Assessment be completed and returned to our office.

General Liability Policy	_____ <i>Carrier</i>	_____ <i>Effective Date</i>	_____ <i>Limit of Liability</i>	<i>Click here if none</i> <input type="checkbox"/>
Commercial Umbrella Policy	_____ <i>Carrier</i>	_____ <i>Effective Date</i>	_____ <i>Limit of Liability</i>	<input type="checkbox"/>
Commercial Auto Policy	_____ <i>Carrier</i>	_____ <i>Effective Date</i>	_____ <i>Limit of Liability</i>	<input type="checkbox"/>
Workers' Compensation Policy	_____ <i>Carrier</i>	_____ <i>Effective Date</i>	_____ <i>Limit of Liability</i>	<input type="checkbox"/>

Did you know that by owning a business your personal assets may be at risk? In order to better protect your hard earned assets, we recommend that all principals each carry a personal umbrella policy.

Personal Umbrella Policy	_____ <i>Carrier</i>	_____ <i>Effective Date</i>	_____ <i>Limit of Liability</i>	<input type="checkbox"/>
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Applicant's Printed Name

Date

ASSOCIATIONS LIABILITY INSURANCE AGENCY
CLAIM/DISCIPLINARY SUPPLEMENT FORM

To be completed only if applicable after completing the Loss Information section.

Name of Applicant: _____

A. Date of Claim/Disciplinary Action _____ Date of alleged error: _____

B. Claim No. _____ C. Full Name of Claimant: _____

D. Full Name of individual(s) of firm involved in claim: _____

E. Location address appraised/ inspected: _____

F. This relates to a: Claim/ Suit Disciplinary Action Incident

G. Incident/claim/Disciplinary action Open Closed

H. Name of Insurer _____

If no insurer, check here

I. Description of property appraised/inspected related to claim, disciplinary action or incident:

J. Alleged act, error or omission upon which Claimant bases claim, disciplinary action or incident:

K. Description of events and case:

L. Outcome:

M. What measures have you taken or will you take to prevent similar claims, disciplinary actions or incidents from arising?

I certify that the information in this supplemental application is complete and true. I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Signature of Applicant _____

Title _____

Date _____