



**APPLICATION  
Real Estate Appraisers Errors & Omissions Insurance  
(Kentucky Residents Only)**

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 &amp; 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 &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, the responses to questions 7-9 must <u>all</u> be "TRUE". For all others the Commercial Premium applies .</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

**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.**

**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.

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.**

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*