



United States Liability Insurance Group

Individual Licensed Appraisers Professional Liability

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

1. Name of Applicant: _____
 Firm Name: _____
 Business Address: _____
 Telephone Number: (_____) _____ Fax Number: (_____) _____
 Type License: _____ (i.e. Certified General, Certified Residential, Trainee, etc.)
 License Number: _____
 Date first licensed and list all Appraiser Associations you are a member of: _____

 List all Designations: _____

2. a. Is at least 70% of your appraisal income derived from residential appraisals? Yes No
 (Residential means properties of four families or less zoned for and occupied exclusively as residences. Residential Appraisals includes parcels of vacant land to be sold to individuals for their own use. Vacant land appraised for commercial development, or property developers, is deemed a commercial appraisal.)
 b. Annual Appraisal Income from Residential Appraisals: \$ _____
 Annual Appraisal Income from Commercial Appraisals: \$ _____

3. a. Was the average property value you appraised in the past 12 months \$300,000 or less? Yes No
 What is the estimated average property value you appraised? \$ _____
 b. What was the largest property value you appraised in the last 12 months? \$ _____
 If the largest property value exceeds \$500,000, please advise the total number of such properties: _____

4. Does any of your work involve appraisals of proposed developments? Yes No
 If **Yes**, please advise the percentage of your income from this activity: _____ %.

5. Is more than 10% of your income from FHA appraisals? Yes No

6. Has there been any claim made against you or has anyone alleged any wrongdoing by you in the past 5 years in rendering professional services? Yes No If **Yes**, please advise details on a separate sheet.

7. Are you aware of any fact, circumstance, situation, act or omission which might reasonably be expected to be the basis of a claim or suit against you? Yes No If **Yes**, please advise details on separate sheet.

8. Have you ever had your license revoked, limited or canceled? Yes No If **Yes**, please advise details on separate sheet.

9. Do you currently carry Professional Liability insurance (Errors and Omissions) covering your certified appraisal activities?
 Yes No. If **Yes**, your Retroactive Date is: _____.
 Attach a copy of the Declarations page of your expiring Policy showing the Retroactive Date.

10. Are you a principal, owner or partner of the firm listed above in Question #1? Yes No
 If **Yes**, please answer the following questions:
 a. How many licensed appraisers (including trainees) are in the firm? _____
 b. Do all licensed appraisers (including trainees) in the firm carry Professional Liability (Errors and Omissions) Insurance?
 Yes No If **Yes**, attach a copy of each licensee's current Declarations Page.
 If **No**, please submit an Application on each uninsured appraiser. It is a requirement of the program that all appraisers be insured when protection is being provided for a principal, owner or partner of the firm.

11. Do you want optional General Liability coverage? Yes No If Yes, please answer items a. and b. below:
 a. Do you currently have General Liability Insurance? Yes No If Yes, please advise the following:

CARRIER

PREMIUM

EXPIRATION DATE

- b. Have you had any General Liability Losses in the past 5 years? Yes No If Yes, please provide full details:

FRAUD STATEMENT: 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 shall also be subject to a civil penalty not exceed five thousand dollars and the stated value of the claim for each such violation.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements, and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature of the Applicant of the Insured: _____

Must be signed by a Principle, Partner or Officer of the Firm

Date: _____