APPLICATION
Real Estate Appraisers Errors & Omissions Insurance
(Tennessee)

Access Professional Liability

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".	
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.	☐ **True** ☐ **False**
2. The applicant does not appraise any real estate in which he/she has an ownership interest.	☐ **True** ☐ **False**
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.	☐ **True** ☐ **False**
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.	☐ **True** ☐ **False**

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PRIOR ACTS DATE/RETROACTIVE DATE

5. The applicant currently has an active Appraisers Errors & Omissions Insurance Policy? *(MUST CHECK ONE)*	☐ **True** ☐ **False**
6. If question 5 is "TRUE", what is the Prior Acts Date on your current policy (also known as the Retroactive Date)? *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 & 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.*	_____ MM/DD/YYYY

RESIDENTIAL VS COMMERCIAL PREMIUM

To be eligible for the Residential Premiums shown below, the responses to questions 7-9 must all be "TRUE". All others use the Commercial Premium schedule shown below	
7. In the last fiscal year, 80% or more of the applicant's revenues have been derived from residential appraisals.	☐ **True** ☐ **False**
8. Within the last fiscal year, the applicant has not appraised any properties valued at greater than $3,000,000.	☐ **True** ☐ **False**
9. The applicant's total gross revenues did not exceed $500,000 for the last three (3) year period.	☐ **True** ☐ **False**

GROUP 1 PREMIUMS

To be eligible for Group 1 Premiums, the applicant:

1. **Has an active Appraisers Errors and Omissions Insurance policy with a Prior Acts Date (also known as a Retroactive Date) in question 6 that is 8/1/2008 or more recent (a date between 8/1/2008 and today);**
   or
2. **Does NOT have an active Appraisers E&O insurance policy (i.e., your response to question 5 is "FALSE").**

Per Claim/ Annual Aggregate Limit	RESIDENTIAL	COMMERCIAL
Select Desired Limit	To be eligible for the residential premium your responses to questions 7-9 must all be "true".	
$300,000 / $600,000	**$450**	**$531**
$500,000 / $1,000,000	**$514**	**$605**
$1,000,000 / $1,000,000	**$536**	**$631**
$1,000,000 / $2,000,000	**$583**	**$685**

GROUP 2 PREMIUMS

Group 2 Premiums apply to any applicant who does not qualify for Group 1, including if the Prior Acts Date (also known as a Retroactive Date) in question 6 is either:

1. **7/31/2008 or older;**
   or
2. **"None", "Not Applicable", "N/A", "Full" or "Unlimited".**

Per Claim/ Annual Aggregate Limit	RESIDENTIAL	COMMERCIAL
Select Desired Limit	To be eligible for the residential premium your responses to questions 7-9 must all be "true".	
$300,000 / $600,000	**$591**	**$697**
$500,000 / $1,000,000	**$674**	**$793**
$1,000,000 / $1,000,000	**$703**	**$828**
$1,000,000 / $2,000,000	**$764**	**$898**

Premium	Enter the premium YOU selected from above: $ _____ Premium Due ***A standard DEDUCTIBLE of $0.00 per claim applies to each policy.***
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. Notice: the premium will be corrected if such date contradicts a response to questions 5 or 6.	

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APPLICATION
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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.

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

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