



**Territory 7 - Washington**

This application is for an individual who only does 100% Real Estate Appraisal work.  
 NOTE: Coverage only applies to services rendered by the applicant.  
 Coverage for the supervision or approval of work done by others is not provided.  
If you are involved in other areas of Real Estate or are unable to answer "TRUE" to questions 1-4 below please contact OREP @ 1-888-347-5273; Fax 619-704-0793 or 619-269-3884

Name _____ Address _____ City _____ ST ____ Zip _____ E-Mail Address _____  <input type="checkbox"/> 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 my policy.	Tel: _____ Fax: _____ Name of Firm: _____  <input type="checkbox"/> New Business  Desired Effective Date _____
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**For you 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.	<input type="checkbox"/> True <input type="checkbox"/> False
2. The applicant does not appraise any real estate in which he/she has an ownership interest.	<input type="checkbox"/> True <input type="checkbox"/> False
3. The applicant has not been disciplined or investigated 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
4. There have been no claims reported and/or pending circumstances which could result in a claim made against the Applicant within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False

**To be eligible for the Residential Premiums shown below, the responses to questions 5-7 must be "TRUE". All others use the Commercial Premium schedule shown below.**

5. In the last fiscal year, 80% or more of my revenues have been derived from residential appraisals.	<input type="checkbox"/> True <input type="checkbox"/> False
6. Within the last fiscal year, I have not appraised any properties valued at greater than \$3,000,000.	<input type="checkbox"/> True <input type="checkbox"/> False
7. Within the last three (3) years my average revenues for appraisal services have not exceeded \$170,000.	<input type="checkbox"/> True <input type="checkbox"/> False

**Note: Many Lenders/Financial Institutions have minimum limit requirements of \$500,000/\$1,000,000 for Appraisers who do work for them.**

	RESIDENTIAL	COMMERCIAL
Per Claim/ Annual Aggregate		
\$300,000 / \$600,000	\$459.00	\$541.00
<b>\$500,000 / \$1,000,000</b>	<b>\$525.00</b>	<b>\$618.00</b>
\$1,000,000 / \$2,000,000	\$593.00	\$700.00

**A standard deductible of \$500.00 per claim / \$1,000.00 aggregate will be included in each policy**

Enter the premium you selected from above:                      \$ \_\_\_\_\_ Premium

**If you have a policy in force you need prior acts coverage. Attach a copy of your current policy declaration page showing the prior acts date.**

**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.

**NOTICE:** By applying for this insurance, the applicant also is applying for membership in The Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

**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.**

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 Professional Liability application.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Must be signed by the applicant





## Application Checklist

To ensure that there is no delay in the binding of your insurance and the issuance of your documents, please go through the following checklist before submitting your application. If the application is not submitted correctly, coverage cannot be bound.

**Please be sure to type or print clearly when completing the application to avoid delays.**

Note: PDF and Word applications can be completed by typing data directly into the form.

If the application is submitted correctly, confirmation is sent within 24 hours. Your policy and declarations page will be sent when it arrives from the underwriter, typically within 5- 7 business days. Please check your junk or spam folders before contacting us.

Call us if you have any questions – 888-347-5273. Do not include this page with your application.

### Completing My Application

- \_\_\_\_\_ I have completed the correct application for my state. (States are listed on the top of the application, if your state is not there go online or call for the correct one.)
- \_\_\_\_\_ I have selected the correct premium for my state, residential or commercial.
- \_\_\_\_\_ I checked for state taxes.
- \_\_\_\_\_ If I have a PO Box, I also included my physical address on a separate piece of paper.
- \_\_\_\_\_ I have provided my primary email address so OREP can send my policy and contact me regarding benefit updates and industry news.
- \_\_\_\_\_ If my application has an applicant status, I only marked one box.
- \_\_\_\_\_ I signed and dated **page two** of the application.
- \_\_\_\_\_ I have completed the **OREP payment page** with either a check or my credit card information. I understand no application will be processed without payment.
- \_\_\_\_\_ My application has been typed or written legibly for a smooth process.

### Sending My Application

- \_\_\_\_\_ I have included the two page application and payment page (**three pages total**).
- \_\_\_\_\_ If I have a current policy with another company, I have included that policy's declarations page to obtain my prior acts coverage (**four pages total**).
- \_\_\_\_\_ I faxed my application to 619-704-0793 or 619-269-3884 or emailed it to [appraisers@orep.org](mailto:appraisers@orep.org)

### After Submitting My Application

- \_\_\_\_\_ A confirmation letter will be emailed within 24 hours if application was received. If you do not receive the letter, please email or call to ensure delivery of your application. Please check your junk or spam folders before contacting us.

Please call us if you have any questions – 888-347-5273  
Thanks for Choosing OREP!



**PAYMENT PAGE**

**To bind, please fax (or mail) back with the completed application and payment.**

Premium you selected from application \$ \_\_\_\_\_

**OREP Annual Processing Fee**  
(Working RE, Education, Health Benefits are included) + \$50.00

\$ \_\_\_\_\_ **Total Due**

**( ) Faxing Payment by Check. It's Fast, Free and Simple.** Here's how:

- 1. Complete your check payable to OREP for the total amount due and attach it to this form (below).
- 2. Sign the authorization below and fax the completed form and check to OREP: **(619) 704-0793 or (619) 269-3884.**
- 3. Retain the actual check for your records. (Do not mail.)

**4. Note: Checks drawn on a line of credit can not be processed.**

This check authorizes OREP to charge our bank account as per the attached check:

\_\_\_\_\_ / /  
*Your Signature* *Date Signed*

**Attach the check here made out to OREP and fax with application to: (619) 704-0793 or (619) 269-3884. For more information call: (888) 347-5273.**

**( ) Payment by Check or Money Order:** I have enclosed a check for the total amount due and will mail.

**( ) Payment by Credit Card**

**\*Please note: If you choose the credit card option, a 2% convenience fee will be applied.**

Type of Card: ( ) MasterCard ( ) Visa

Amount Charged \$ \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of cardholder \_\_\_\_\_

Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_

OREP Insurance Services: 6760 University Ave. #250 San Diego CA 92115. (888) 347-5273 \*  
Fax: (619) 704-0793 or (619) 269-3884 \* [www.orep.org](http://www.orep.org) \* [appraisers@orep.org](mailto:appraisers@orep.org)