



Colorado

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 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. The applicant's total gross revenues did not exceed \$500,000 for the last three (3) year period.	<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.**

Per Claim/ Annual Aggregate	RESIDENTIAL	COMMERCIAL
\$300,000 / 600,000	\$540	\$637
\$500,000 / 1,000,000	\$617	\$727
\$1,000,000 / 1,000,000	\$644	\$758
\$1,000,000 / 2,000,000	\$700	\$823

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

Premium	Enter the premium YOU selected from above	\$ _____ Premium Due
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.

**Notice to Colorado Applicants:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**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 Professional Liability application.

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

Please fax, email or mail your application and check payable to your agent:  
David Brauner/David Brauner Insurance Services  
OREP  
6760 University Ave., Suite 250, San Diego, Ca. 92115  
Phone: 888-347-5273; Fax: 619-704-0793; Email: appraisers@orep.org



General Star National Insurance Company  
Tel: 888-347-5273 Fax: 619-704-0793



## 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) this back with the completed application and payment.

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

**OREP Annual Service/Processing Fee**  
Includes processing and service plus all OREP extras/  
Benefits: Approved Cont. Ed at cost (\$63 savings)  
Working RE (\$50 value), Corporate Pricing/save on  
goods and services, plus other discounts. + \$50.00  
\$ \_\_\_\_\_ **Total Due**

**Optional (add to your insurance premium)**  
 FHA Checklist, Instructions and eBook + \$40.00  
FHA appraising made more efficient! (Proven system to  
simplify FHA valuation process.)

Appraiser's Guide to Energy Auditing +\$30.00  
Get the do's and don't of adding this niche

**\$ \_\_\_\_\_ Total due with Optional Material**

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- 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: **(619) 704-0567 or (619) 269-3884.**  
3. Keep the physical check for your records. (Do not mail.)  
4. **Note: Checks drawn on a line of credit can not be processed.**

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

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

**(Attach your completed check here (over the credit card information) made out to OREP and fax with your completed application to: (619) 704-0567 or (619) 269-3884.)**

Attach Your Check Here

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

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_