



Michigan

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 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.		

