



7. What is the estimated average property value for any "other" type of property appraises?  
\$ \_\_\_\_\_
8. Do you perform any home/building inspection as part of your services?  No  Yes  
If yes, please provide details: \_\_\_\_\_
9. What is the largest property value you appraised during the past 12 months? \$ \_\_\_\_\_
10. Has there been any Claim made or any allegation of wrongdoing against the firm or any appraiser during the past 5 years in the rendering of Professional Services?  No  Yes  
*If Yes, please provide a complete narrative description of the claim & payment/reserve amounts on a separate sheet of paper.*
11. 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 the firm or any appraiser?  No  Yes  
*If Yes, please provide complete details on an extra sheet of paper (including date of the error, date the claim was made, specific allegations involved, your response to the claim, current reserve amount or amounts paid if closed).*
12. Have you or any of your appraisers ever had a license revoked, limited or canceled or been the subject of any complaint?  No  Yes  
*If Yes, please provide complete details (i.e. dates, allegations involved, action taken in response, etc.) on an extra sheet of paper.*
13. Do you currently carry Professional Liability/Errors & Omissions Insurance covering your appraisal activities?  No  Yes  
*If Yes, please complete the following concerning your expiring coverage:*  
Retroactive date is: \_\_\_\_\_ (attach a copy of the Declarations page from your current coverage)  
Insurance carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
Deductible \_\_\_\_\_ Premium \_\_\_\_\_
- Is current carrier willing to renew coverage?  No  Yes  
*If No, please provide details:* \_\_\_\_\_
14. Requested limits of Errors & Omissions Insurance:  
\_\_\_\_\_ 100/100    \_\_\_\_\_ 250/250    \_\_\_\_\_ 500/500    \_\_\_\_\_ 1 mil/1 mil  
\_\_\_\_\_ Other: \_\_\_\_\_
- Requested deductible:  
\_\_\_\_\_ \$1000    \_\_\_\_\_ \$2500    \_\_\_\_\_ \$5000    \_\_\_\_\_ \$7500    \_\_\_\_\_ \$10000  
\_\_\_\_\_ Other: \_\_\_\_\_

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.  
\* not applicable in all states

\_\_\_\_\_  
Firm Partner/Owner Signature

\_\_\_\_\_  
Date