

**Territory 8 - Florida**

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 your agent listed on the reverse page.

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: _____ 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.**

Per Claim/ Annual Aggregate	RESIDENTIAL	COMMERCIAL
\$300,000 / \$600,000	\$614.00	\$725.00
<b>** \$500,000 / \$1,000,000</b>	<b>\$702.00</b>	<b>\$828.00</b>
\$1,000,000 / \$1,000,000	\$751.00	\$883.00
\$1,000,000 / \$2,000,000	\$797.00	\$937.00

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

**Premium Calculation**      **Step 1:** Enter the premium YOU selected from above:      \$ \_\_\_\_\_ Premium Above

**Step 2:** See below

<b>Florida Residents:</b>	<b>Florida Hurricane Catastrophe Fund.</b> Companies writing property and casualty insurance business in the state of Florida are required to collect a Florida Hurricane Catastrophe Fund surcharge. A 1% surcharge must be collected for the Florida Hurricane Catastrophe Fund in addition to the premium above. Multiply the premium you selected in Step 1 above by 1.01 and round to the nearest dollar.	\$ _____ <b>Florida Premium Due</b>
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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 injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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

**To bind coverage please send the completed application with payment to your agent:**

**Agent Name:**

**FL License #** \_\_\_\_\_

