

**Lexington Insurance Company**  
Administrative Offices:  
99 High Street, Floor 23  
Boston, Massachusetts 02110-2378



**SEND APPLICATIONS AND INQUIRIES TO:**  
1438-F West Main Street, Ephrata, PA 17522-1345  
800.640.7601; 717.721.3500; Fax 717.721.3515;  
[submissions@intercorpinc.net](mailto:submissions@intercorpinc.net); [www.intercorpinc.net](http://www.intercorpinc.net)

## APPRAISAL MANAGEMENT COMPANY PROFESSIONAL LIABILITY APPLICATION

**NOTICE: THIS INSURANCE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS AND ONLY APPLIES TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AGAINST THE INSURED AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, A BASIC OR EXTENDED REPORTING PERIOD APPLIES.**

**NOTICE: DEFENSE EXPENSES ARE INCLUDED WITHIN AND REDUCE THE APPLICABLE LIMIT OF LIABILITY STATED IN THE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.**

Please answer all questions, and verify that all information is true and complete to the best of your knowledge. The application is a warranty to the policy. Sign and date the application. Please refer to the Supporting Documents Checklist on page 3 for additional information to be submitted with this application.

### Part 1: APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
DBA, Firm or Trade Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Applicant Ownership:  Sole Proprietor  LLP  Partnership  Corporation  LLC  Other: \_\_\_\_\_  
Years In Operation: \_\_\_\_\_ Website: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

### Part 2: AMC OPERATIONS

- A. In the past five years, has the name of the Applicant changed or has the Applicant merged, acquired or consolidated with any other businesses?  No  Yes: Please provide dates and description of action.
- B. Does Applicant control, own, or engage in any other business?  Yes  No  
If YES, please explain: \_\_\_\_\_
- C. Is Applicant controlled, owned, or managed by any other person, partnership, or corporation?  Yes  No  
If YES, please explain: \_\_\_\_\_
- D. Does the applicant provide any services other than appraisal management?  Yes  No  
If YES, please describe services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 3: UNDERWRITING INFORMATION**

**A. Organization:**

Number of Corporate Officers, Management	
Number of Panel Appraisers	
Number of Employee Appraisers	
Number of Support Staff	

**B. Appraisal Assignments Managed**

	Last 12 Months		Projected Next 12 Months
	\$ Gross Income	# of Appraisals	\$ Gross Income
Residential Properties	\$		\$
Commercial Properties	\$		\$
Vacant Land	\$		\$
<b>TOTALS:</b>	\$		\$
Multi-family, Condos, or Apartments of 10 or more units are defined as Commercial Properties			

**C. List the top five (5) clients, based upon the revenues over the past 12 months:**

	CLIENT NAME	REVENUE	TYPE OF CLIENT
1			
2			
3			
4			
5			

**D. States of Operations**

- a. List all states in which appraisals are performed at the Applicant's direction: \_\_\_\_\_
- b. List the top 5 States in terms of revenues: \_\_\_\_\_
- c. Is the Applicant registered/licensed as an Appraisal Management Company in all the above states where required?  Yes  No; please explain: \_\_\_\_\_

**E. Risk Management:**

- a. Does the Applicant verify that panel appraisers hold an active license in good standing in the state in which appraiser services are being rendered by the panel appraiser?  Yes  No
- b. Does the Applicant have written Quality Control procedures in place applicable to panel appraisers?  Yes: see Supporting Document Checklist below  No
- c. Does the Applicant have written selection criteria requirements for a panel appraiser to join or continue within the Applicant's network?  Yes: see Supporting Document Checklist below  No
- d. Does the Applicant require and verify that all panel appraisers maintain Errors and Omission insurance?  Yes  No

**Part 4: COVERAGES**

- A. Do you currently carry Professional Liability (Errors and Omissions) insurance?  Yes  No  
If YES, Retroactive Date is: \_\_\_\_\_ See Supporting Document Checklist below
- B. Limit of Liability:  \$300,000/\$300,000  \$500,000/\$500,000  \$1,000,000/\$1,000,000  
 \$1,000,000/\$2,000,000  \$2,000,000/\$2,000,000

C. Deductible Requested:  \$2,500.  \$5,000.  \$10,000.  \$25,000

D. Optional Coverage Requested: (Complete Supplemental Application)  
 Yes  No Network Security and Privacy Protection Coverage

**Part 5: HISTORY**

A. Has any application or policy for similar professional liability insurance on behalf of the Applicant, partners, officers or employees or on behalf of predecessors in business ever been declined, cancelled, or renewal refused?

**MISSOURI APPLICANTS NEED NOT REPLY.**

No  Yes; *please provide details in Explanation Section below.*

B. Is the Applicant aware of any circumstance, incident or complaint which may lead to the filing of a claim or disciplinary action against the Applicant?

No  Yes; *please provide details in Explanation Section below.*

C. In the past five (5) years, have any claims ever been made against the Applicant?

No  Yes; *please attach a completed Claims Supplement (Form 3REO-S) for each claim along with a current loss run*

D. In the past five years, has the Applicant ever been the subject of a disciplinary action by any real estate or appraiser association, state licensing board, or other regulatory body, as a result of professional activities?

No  Yes; *please attach a completed Claims Supplement (Form 3REO-S) for each disciplinary action.*

**Explanation Section:**

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No coverage will be effected until the Company's receipt and acceptance of application and premium payment. It is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached and become a part of the policy. Your quotation, policy documents and other communication will utilize email as the preferred form of delivery unless you inform us otherwise.

**SUPPORTING DOCUMENTS CHECKLIST:**

Please forward the following items with your application:

- Resumes of Applicant's key personnel (not panel appraisers).
- Copy of Applicant's standard agreement with and qualifications for panel appraisers.
- Copy of Applicant's quality control procedures.
- Currently valued loss runs for all policies in force during the past five (5) years.
- Claims Supplement (Form 3REO-S) for each claim or disciplinary action in the past five (5) years, if any.
- Copy of most recent declarations page, if Applicant currently carries Professional Liability insurance.

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**Representations**

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ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURANCE COMPANY WHICH THIS APPLICATION IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT  
PRG XXXX (XX/14)

SHOULD INSURANCE BE PROVIDED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE INSURANCE. THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE INSURANCE IS BOUND, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT (1) THE STATEMENTS SET FORTH HEREIN ARE TRUE, AND (2) IF THE INFORMATION SUPPLIED IN THIS APPLICATION OR SUPPLEMENTAL APPLICATIONS CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AGREEMENT TO BIND THE INSURANCE. FURTHERMORE, SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THIS INSURANCE.

**IF INSURANCE IS PROVIDED THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED AT THE TIME OF DELIVERY.**

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF INSURANCE IS PROVIDED, THIS SIGNED STATEMENT WILL BE INCLUDED.**

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of claim expenses and, in such event, the Company shall not be liable for the costs of claim expenses or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The Applicant hereby further acknowledges that he/she/it is aware that claim expenses costs or defense expenses that are incurred shall be applied to the deductible amount.

By signing this application, I certify that I am compliant with the registration laws of the state(s) where my business is conducted.

\_\_\_\_\_  
Signature of Owner, Partner or Principal of Applicant

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Producer Name

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

**FRAUD WARNINGS:**

**NOTICE TO APPLICANTS:** 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, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR

FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH 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.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** 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 GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.