• *We put the **E**xperience and **O**ptions in E&O programs* •
435 N. Whittington Pkwy, Ste 300, Louisville, KY 40222
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2026 Colorado State Appraisers' Group Errors and Omissions Insurance Program
Administered by Rice Insurance Services Center (RISC), a Division of Accretive Specialty Insurance Solutions, LLC
Underwritten by Continental Casualty Company

ENDORSEMENT REQUEST FORM FOR CURRENTLY-INSURED APPRAISERS
Request to purchase an endorsement after the group policy effective date (January 1, 2026)

To purchase an endorsement after the group policy's effective date (January 1, 2026), you must be currently enrolled in the Colorado state group appraisers' program and have an active Colorado real estate appraisal license or certification. To request an endorsement, send RISC the completed form (including the second page) and a check or money order payable to RISC for the applicable premium.

All endorsement premiums are fully earned upon the endorsement's inception and no refunds are permitted after that date. If your payment is returned for nonsufficient funds, you are responsible for payment of any resulting bank fees or penalties.

Continental Casualty Company and RISC reserve the right to refuse to sell endorsements after the group policy's inception. If your endorsement request is approved, the effective date of the endorsement(s) will be the date RISC receives the completed form and applicable premium. All endorsements expire concurrently with the group policy.

Appraiser's Name: _____ License/Credential Type: _____ / License/Credential #: _____

Firm Name: _____ Email: _____

Address: _____ *We occasionally send important notices by email. To receive these notices, provide your current email address and add our email domain (@risceo.com) to your address book.*

City, State, Zip Code: _____ Telephone # (work): ( ) -

Social Security # (optional): _____ Telephone # (circle one – cell / home): ( ) -

☐ If cell: Check here if you would like to receive text reminders if/when that option is available.

Fax #: ( ) -

OPTIONAL ENDORSEMENTS AVAILABLE *This is a claims-made-and-reported policy. An endorsement will only apply to a claim if the endorsement is in effect when the claim is first made, which may be after this policy period expires. You should consider continuing to purchase an endorsement for as long as you would like the coverage to apply (provided you continue to meet any eligibility requirements).*	**Unit Price**	**Amount Due**
APPRAISER TRAINEE ENDORSEMENT – Changes the definition of insured to include specific appraiser trainees listed in the endorsement. **Trainee Name:** _____ *If more than one trainee, you must attach a list of appraisal trainees that you would like listed in the endorsement. A separate premium applies to each appraisal trainee listed.*	**$100** per appraiser trainee	
INCREASED LIMITS ENDORSEMENTS – You may purchase only **ONE** increased limits endorsement. The carrier may refuse to issue any increased limits endorsement for any reason, including a misrepresentation regarding type of appraisal activity or claims history.		
• **$300,000 Per Claim / $600,000 Aggregate Endorsement**	**$239**	
• **$500,000 Per Claim / $1,000,000 Aggregate Endorsement**	**$325**	
• **$1,000,000 Per Claim / $1,000,000 Aggregate Endorsement** *To request this endorsement, you must submit a supplemental application form (available by calling us at 1-800-637-7319, ext. 1), along with the additional information listed on the form.*	**Contact RISC for proper form**	
Add premiums for all endorsements selected	**TOTAL**	**$_____**

MANDATORY FOR ALL ENDORSEMENTS: Your endorsement request will not be considered unless the following information is provided.

Reason for requesting endorsement(s) after the group policy's effective date (**mandatory for ALL endorsement requests**): _____

_____

_____

MANDATORY FOR ALL ENDORSEMENTS: Your endorsement request will not be considered unless the following information is provided.

Past Experience (**mandatory for ALL endorsement requests**):

A. Have any claims (written demand for money or services, filing of suit, or institution of arbitration proceedings) been made during the past 5 years against you (or against your firm or any of your appraiser trainees for your professional services)?

☐ No (Please provide letters confirming no claims from any carrier that has insured you during the last 5 years.)

☐ Yes (Please provide loss runs from any carrier that has insured you during the last 5 years.)

☐ N/A (Have not previously acted as an appraiser.)

APPRAISAL GROUP E&O PROGRAM

B. Do you or any of your appraiser trainees have any knowledge of any act, error, omissions, fact, or situation which might give rise to a claim against you?

☐ No ☐ Yes (Please attach details.)

C. Have you or any of your appraiser trainees ever been the subject of disciplinary action (including reprimands, cautions, investigations, or involvement in any suit or investigatory proceeding) by any appraisal board, licensing agency, or state or federal regulatory authority?

☐ No ☐ Yes (Please attach details, name of carrier, date, and reason.)

MANDATORY FOR INCREASED LIMITS ENDORSEMENTS: If you are requesting an increased limits endorsement, your request will not be considered unless the following information is provided.

Insurance History (**mandatory for INCREASED LIMITS endorsement requests**):

Insurance Company	Policy Period	Limit of Liability	Deductible	Premium
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			

MANDATORY FOR ALL ENDORSEMENTS: Your endorsement request will not be considered unless you sign the following certification.

MANDATORY FOR ALL ENDORSEMENT REQUESTS:

The undersigned certifies that as of this date, the undersigned

1. holds an active Colorado real estate appraisal license or certification; and
2. has no knowledge of any of the following:
   a. claims against the undersigned;
   b. negligent acts, errors, or omissions that may reasonably be expected to become the basis of a claim against the undersigned; or
   c. related negligent acts, errors, or omissions committed or alleged to have been committed that may reasonably be expected to become the basis of a claim against the undersigned; and
3. understands that the endorsement(s), if issued, will not apply to any of the following:
   a. claims that first arose prior to the endorsement's effective date;
   b. claims that arise after the endorsement's effective date and relate to a claim that first arose prior to that date;
   c. negligent acts, errors, or omissions committed or alleged to have been committed prior to the endorsement's effective date that may reasonably be expected to become the basis of a claim against the undersigned; or
   d. related negligent acts, errors, or omissions committed or alleged to have been committed prior to the endorsement's effective date that may reasonably be expected to become the basis of a claim against the undersigned.
4. understands the endorsement premium is fully earned upon the endorsement's inception date and no refunds will be given after that time.

_____ _____

Signature of Appraiser Date

Please include this form with a check or money order payable to RISC:

Mailing Address: P.O. Box 6709, Louisville, KY 40206-0709

Overnight Address: 435 N. Whittington Pkwy, Suite 300, Louisville, KY 40222

If you have any questions or concerns, please don't hesitate to contact us by phone at (800) 637-7319, fax at (502) 897-7174, or email at info@risceo.com. You may also visit our website, www.risceo.com.

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