



• We put the Experience and Options in E&O programs •
 502-897-1876 / 1-800-637-7319
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 P.O. Box 6709, Louisville, KY 40206-0709
 www.risceo.com

**2019 Colorado State Appraisers'
 Group Errors and Omissions Insurance Program**
 Administered by RISC and 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, 2019)

To purchase an endorsement after the group policy's effective date (January 1, 2019), 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.

Applicant understands that 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.

Applicant's Name: _____	License/Credential Type: _____ / License/Credential #: _____
Firm Name: _____	Email: _____
Address: _____	<i>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.</i>
City, State, Zip Code: _____	Telephone # (work): () - _____
Social Security # (optional): _____	Telephone # (circle one – cell / home): () - _____
	<input type="checkbox"/> If cell: Check here if you would like to receive text reminders if/when that option is available.
	Fax #: () - _____

OPTIONAL ENDORSEMENTS AVAILABLE	UNIT PRICE	AMOUNT DUE
APPRAISER TRAINEE ENDORSEMENT: Changes the definition of insured to include specific appraiser trainees listed in the endorsement. Trainee Name: _____ <i>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.</i>	\$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.		
<ul style="list-style-type: none"> • \$300,000 Per Claim / \$600,000 Aggregate Endorsement <i>See below for instructions on selecting Premium A or Premium B</i> • \$500,000 Per Claim / \$1,000,000 Aggregate Endorsement <i>See below for instructions on selecting Premium A or Premium B</i> • \$1,000,000 Per Claim / \$1,000,000 Aggregate Endorsement <i>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.</i> 	A \$234 or B \$327 A \$311 or B \$418	
<i>Premium A: 75% or more* of your appraisal activity income is earned from Residential Appraisals** and you have had no claims*** in the past 5 years; or Premium B: Less than 75%* of your appraisal activity income is earned from Residential Appraisals** or you have had one or more claims*** in the past 5 years</i> <i>*To determine the percentage of your appraisal activity income derived from Residential Appraisals, divide your income derived from Residential Appraisals by the amount of your total appraisal activity income. **Residential Appraisals means appraisals of properties zoned for and occupied exclusively as residences for 4 families or less. Residential Appraisals also includes: (1) appraisals of vacant land, provided the land is zoned for residential use and is not a development project of 4 or more residences and (2) appraisals of farm property that will be a buyer's principal residence and where a buyer will derive no more than 25% of total income from farming. ***A claim (written demand for money or services, filing of suit, or institution of arbitration proceedings) made against you or your firm for your acts is considered a claim against you for purposes of calculating the endorsement premium.</i>		
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.)
- 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: 4211 Norbourne Blvd, Louisville, KY 40207-4048

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.