

2024 Colorado State Appraisers' 4211 Group Errors and Omissions Insurance Program

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

502-897-1876 / 1-800-637-7319 4211 Norbourne Blvd., Louisville, KY 40207-4048 P.O. Box 6709, Louisville, KY 40206-0709 www.risceo.com

We put the Experience and Options in E&O programs ●

ENDORSEMENT REQUEST FORM FOR CURRENTLY-INSURED APPRAISERS Request to purchase an endorsement after the group policy effective date (January 1, 2024)

To purchase an endorsement after the group policy's effective date (January 1, 2024), 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 TRAINEE ENDORSEMENT - Changes the definition of insured to include specific appraiser trainees listed in the endorsement. Trainee Name: If more than one trainee, you <u>must</u> attach a list of appraisal trainees that you would like listed in the endorsement. A separate premium applies to each appraisal trainee listed. 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 • \$300,000 Per Claim / \$1,000,000 Aggregate Endorsement • \$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. Add premiums for all endorsements selected TOTAL \$ ANDATORY FOR ALL ENDORSEMENTS: Your endorsement request will not be considered unless the following information is provided ason for requesting endorsement(s) after the group policy's effective date (mandatory for ALL endorsement requests): ANDATORY FOR ALL ENDORSEMENTS: Your endorsement request will not be considered unless the following information is provided ason for requesting endorsement(s) after the group policy's effective date (mandatory for ALL endorsement requests): ANDATORY FOR ALL ENDORSEMENTS: Your endorsement request will not be considered unless the following information is provided ason for requesting endorsement 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.)	Appraiser's Name:	License/Credential Type: / Lice	ense/Credentia	# :
Current email address and add our email domain ("Millicoccom") to your address book. Telephone # (work):	Firm Name:	Email:	75	
Social Security # (optional): Telephone # (circle one - cell / home): (Address:			
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 exprise. 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). APPRAISER TRAINEE ENDORSEMENT - Changes the definition of insured to include specific appraiser trainees lasted in the endorsement. Trainee Name: If more than one trainee, you must attach a list of appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. A separate premium applies to each appraisal trainee listed. C contact RISC for proper form 1-200-637-7319, ext. 1), along with the additional information listed on the form. A separate premium applies to each appraisal trainee listed. ANDATORY FOR ALL ENDORSEMENTS: Your endorsement request will not be considered unless the following information is provided to	City, State, Zip Code:			
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	$\hfill \square$ No (Please provide letters confirming no claims from	n any carrier that has insured you during the last 5 years	ears.)	
□ N/A (Have not previously acted as an appraiser.)	$\hfill \square$ 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.)			

	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.)										
	E. 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.)										
N/ A B	NDATORY FOR INCREASED LIMITS	ENDODEEMENT	S. If you are request	ing an ingressed limits one	laraamant vaur	reguest will not b					
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	<u>Insuran</u>	ce History (manda	tory for INCREASED I	IMITS endorsement reques	<u>ts):</u>						
	Insurance Company		Policy Period	Limit of Liability	Deductible	Premium					
		From:	To:	,							
		From:	To:		AVI						
		From:	To:								
		From:	To:								
		From:	To:								
The	undersigned certifies that as of this da 1. holds an active Colorado real es	ate, the undersigned state appraisal lice		, 45							
	 has no knowledge of any of the following: a. <u>claims</u> against the undersigned; b. <u>negligent acts, errors, or omissions</u> that may reasonably be expected to become the basis of a claim against the undersigned; or c. <u>related negligent acts, errors, or omissions committed or alleged to have been committed</u> that may reasonably be expected to become the basis of a claim against the undersigned; and 										
	understands that the endorsem a claims that first arose prior			e following:							
	 a. <u>claims that first arose prior to the endorsement's effective date;</u> b. <u>claims that arise after the endorsement's effective date and relate to a claim that first arose prior to that date;</u> 										
	 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 the										
	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.										
Sig	nature of Appraiser		Date	9							
	Please in	nclude this forn	n with a check or n	noney order payable to	RISC:						
	Mailing	Address:	P.O. Box 6709, Lo	uisville, 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.