

**AMERICAN ACADEMY OF STATE CERTIFIED APPRAISERS  
REAL ESTATE APPRAISER'S PROFESSIONAL LIABILITY  
CLAIM/DISCIPLINARY SUPPLEMENT**

Name of Applicant: \_\_\_\_\_

A. Date of Claim/Disciplinary Action \_\_\_\_\_ Date of alleged error: \_\_\_\_\_

B. Full Name of Claimant: \_\_\_\_\_

C. Full Name of individual(s) of firm involved in claim: \_\_\_\_\_

D. This relates to a:             Claim/ Suit             Disciplinary Action             Incident

E. Incident/claim/Disciplinary action     Open             Closed

F. Name of Insurer \_\_\_\_\_  
If no insurer, check here

G. Description of property appraised related to claim, disciplinary action or incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Alleged act, error or omission upon which Claimant bases claim, disciplinary action or incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Description of events and case:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Outcome:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. What measures have you taken or will you take to prevent similar claims, disciplinary actions or incidents from arising?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information in this supplemental application is complete and true. I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.**

**Signature of Applicant** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

Applications and inquiries to:  
INTERCORP, INC., 1438-F WEST MAIN STREET, EPHRATA, PA 17522-1345  
800.640.7601; 717.721.3500; Fax 717.721.3515; [appraisers@intercorpinc.net](mailto:appraisers@intercorpinc.net); [www.intercorpinc.net](http://www.intercorpinc.net)