



**Southern California**  
P: (949) 477-5030  
F: (949) 4

**Northern California**  
P: (209) 474-9100

**Pacific Islands**  
P: (808) 840-1980

## APPRAISERS SUPPLEMENT

1. Applicant Company Name: \_\_\_\_\_
2. Number of Appraisals: \_\_\_\_\_
3. Approximate percentage of appraisal work performed based on revenues during the past 12 months:
  - A. Personal Property: \_\_\_\_%
  - B. Real Property: \_\_\_\_%
  - C. Other: \_\_\_\_%Describe: \_\_\_\_\_
4. Within the past three years, has any past or present member or employee of the applicant held any past or present equity interest in any property that has been appraised or are appraising? \_\_\_\_\_  
  
If yes, please provide full details: \_\_\_\_\_
5. Within the past three years, has the applicant accepted any contingency or other type of appraisal fee that was tied to or based upon the appraised value of the property? \_\_\_\_\_  
  
If yes, please provide full details \_\_\_\_\_
6. Does the applicant require that all completed appraisal reports are signed and dated by a member of the applicant and by any collaborating appraisers? \_\_\_\_\_  
  
If yes, please provide full details \_\_\_\_\_
7. What are the values of the three largest properties appraised during the past three years?
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8. What percentage of the Applicant's appraisals are performed for:  
  
Antiques: \_\_\_\_%  
Business Firms: \_\_\_\_%  
Individuals: \_\_\_\_%  
Manufacturers: \_\_\_\_%  
Art Dealers: \_\_\_\_%  
Insurance Companies: \_\_\_\_%  
Real Estate Firms: \_\_\_\_%  
Financial Institutions: \_\_\_\_%  
Please provide name and address of the financial institution: \_\_\_\_\_  
  
Auto Dealers: \_\_\_\_%  
Governmental Agencies: \_\_\_\_%  
Jewelers: \_\_\_\_%

Others (please describe): \_\_\_\_%

Describe: \_\_\_\_\_

9. Does the applicant issue Business Evaluation, Technical Evaluation or Appraisal Administration Reports? \_\_\_\_\_

If yes, please provide full details \_\_\_\_\_

**Notice** \_\_\_\_\_  
I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Must be signed and dated by Owner, Partner or Principal as duly authorized on behalf of the Applicant.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
DATE