



Dear Prospective Appraiser Partner,

Thank you for your interest in joining the Solidifi appraiser network. Registration requires the completion of the following application. The forms herein are designed to collect important details about your company, coverage area, products offered and optional bank details for EFT payment (you may attach a void cheque).

The final page must be completed for each appraiser in your firm that will be listed on the Solidifi Network. For each appraiser, provide a copy of a valid E&O policy certificate, a copy of the active license/designation for each province applicable.

If your application is approved, User ID's will be emailed privately to each approved appraiser.

You may return your application and attachments by clicking 'Submit by Email' at the end of this application form or by either fax to 1-866-666-9442, print and email to Support@Solidifi.com, or via land services to:

Solidifi Inc.
50 Minthorn Blvd, Suite 301
Markham
Ontario, L3T 7X8

If you have questions, please contact our Support Team at 1-866-583-3983

For more information, visit www.solidifi.com

APPRAISAL PARTNER APPLICATION

Please complete the entire application for the appraisal firm and the Appraiser Information page for each participating appraiser in the firm. All information is required for consideration of the application.

FIRM INFORMATION

Company Name			
Owner		Key Contact	Year Founded
Street Address (Firm)		Suite/Unit #	
City	Province	Postal Code	
Phone	E-mail Address		
Fax	Lender Referred by - if applicable		
Is the firm incorporated?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Type

Does your company carry Group E&O? ☐ YES ☐ NO

FIRM E & O INFORMATION (IF GROUP COVERAGE)

Policy Holder's Name	Carrier Name
Per Claim Limit (\$)	Aggregate Limit (\$)
Policy Number	Policy Expiry Date (mm/yy)
Persons covered	
Has a Claim Ever Been Filed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, by whom?	
Describe Event & Outcome	

FIRM EFT - PAYMENT INFORMATION

(Optional - For Electronic Payment - Or Attach a voided cheque or deposit slip)

Billing Address if different from Firm Address:	
Bank Name	Bank Branch Location
ABA/Transit Number	Swift Number
Account Number	Account Type
Account Holder Name	

Cancellations & Payment Policy

The Solidifi Client Services Department is NOT authorized to cancel an order on behalf of clients. Cancellations may not be handled by telephone: all cancellations will be requested directly by clients on the Solidifi Values™ web platform only.

Appraisers who have accepted an order that was cancelled may submit an invoice to request cancellation fees. The cancellation fee schedule is as follows:

Interior Orders

- After Acceptance and prior to Property Inspection: \$25
- After Inspection and prior to Report Upload on Solidifi Values™: 30% of appraisal fee

Exterior Orders

- After Acceptance and prior to Report Upload on Solidifi Values™: 30% of appraisal fee

Solidifi's Cancellation Fee schedule is subject to revision at the discretion of Solidifi.

APPRAISAL PARTNER APPLICATION

Solidifi believes in a full-fee model which puts the emphasis on selecting a competent appraiser based on the complexity of the assignment. Post your base pricing per product.

PRODUCTS AND PRICING

Client Type	Service Name	Product BASE Price (\$)
Lender	Full Inspection	
Lender	Full Inspection (Non Prime)	
Lender	Full Inspection (Insurer)	
Lender	Full Inspection with Market Rents	
Lender	Drive By	
Lender	Market Rents	
Lender	Desktop Review	
Lender	Progress Advance	
Lender	Letter of Opinion	
Lender	Letter of Transmittal	
Lender	Cart Review	
Lender	Full Inspection Multi-Unit (2Unit)	
Lender	Full Inspection Multi-Unit (3 Unit)	
Lender	Full Inspection Multi-Unit (4 Unit)	
Lender	Acreage: House and up to 5 Acres	
Lender	Acreage: House and up to 10 Acres	
Lender	Acreage: House and up to 15 Acres	
Lender	Market Rents Addendum	
Broker	Full Inspection	
Broker	Full Inspection (Non Prime)	
Broker	Drive By	
Broker	Progress Advance	
Broker	Desktop Review	
Broker	Market Rents	
Broker	Acreage: House and up to 5 Acres	
Broker	Acreage: House and up to 10 Acres	
Broker	Acreage: House and up to 15 Acres	
Broker	Full Inspection Multi-Unit (2Unit)	
Broker	Full Inspection Multi-Unit (3Unit)	
Broker	Full Inspection Multi-Unit (4Unit)	
Broker	Market Rents Addendum	

Please note: Since part of the criteria to determine assignments is 'Distance to Subject Property', it is important that if an appraiser is not based out of the firm's office (ie. Works from their home office), they should list their individual address on this page rather than the firm's address.

APPRAISER INFORMATION (This page must be completed for each appraiser in the firm)

Name (as it appears on Designation)		Years of Experience	
Appraiser Street Address (if different from Firm)		Suite/Unit #	
City	Province	Postal Code	
Phone	E-mail Address		
Fax	Mobile		
Designation	<input type="checkbox"/> Active <input type="checkbox"/> InActive	Number	Association
Designation	<input type="checkbox"/> Active <input type="checkbox"/> InActive	Number	Association
Designation	<input type="checkbox"/> Active <input type="checkbox"/> InActive	Number	Association
Competencies: LEED (Energy/Environmental Design) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Provincial License #	Province		
Provincial License #	Province		

APPRAISER E & O INFORMATION (IF INDIVIDUAL POLICY)

Policy Holder Name	
Carrier	Policy Number
Per Claim Limit (\$)	Policy Expiry Date (mm/yy)
Aggregate Limit (\$)	
Has a Claim Ever Been Filed?	If yes, by whom
Describe Event & Outcome	

BACKGROUND

Are you currently in good standing to practice?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, describe
Have you have been or are you currently subject to disciplinary action relating to your appraisal practice?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, by whom?
Date of Action	Type of Action(s)	
Disposition or Outcome	Date Resolved	
Convicted of a felony or public offense as it relates to theft, fraud or a dishonest act?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe
Disposition or Outcome	Date Resolved	

DISCLAIMER AND SIGNATURE (Firm Owner or Firm Admin)

By typing my name in the signature field below, I certify that my answers are true and complete to the best of my knowledge. If this application leads to a contract for services, I understand that false or misleading information in my application will result in suspension from Solidifi Values™. I release and authorize Solidifi to conduct a background check including a search of public record and relative information including financial, for verification of the information I provided as a part of this application.

Signature	DATE
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