

PROFESSIONAL INDEMNITY RISKS PACKAGE RENEWAL DECLARATION

1: Details of Insured

Contact Person: Date of Birth:

Name of Business:

Address:

Postal Address:

Ph: Fax: Mob Ph:

Email:

2: Renewal Details

**Do you wish your level of Professional Indemnity insurance cover to be amended for the upcoming year
If so, please tick the appropriate box below**

\$1 million

\$2 million

\$5 million

Please specify if a higher limit is required \$

Sub limit included:
\$500,000 for representation costs at Registration Board
\$250,000 for Fraud & Dishonesty

*If higher Limits are required please indicate the Limit required.

The policy's standard excess is \$5,000 plus GST.

A higher excess is available on request at a discounted premium.

Please indicate the excess you require (tick appropriate).

\$10,000

\$20,000

3: About your Business

Your Business

During the last year has the name of the Firm/Company been changed
or has any other business been purchased or any other merger or
management consolidation taken place?

Yes

No

If yes please specify

continued . . .

PROFESSIONAL INDEMNITY RISKS PACKAGE APPLICATION FORM *continued*

3: About your Business *continued*

Breakdown of Real Estate Activities:	% Turnover	Approx no Staff
Residential Sales %
Business Sales %
Industrial Commercial Sales %
Rural Sales %
Property Management %
Body Corporate Secretary/Management %
Other ie. Licensed Auctioneer, Premarket Appraisals, Registered Valuation work %
If other, please specify		

Income / Commission or Fee income of Business

For the last 12 Months \$

Estimate for the next 12 months \$

What is the average Value of Properties sold in the last 12 months \$

Confirm that the firm/company has a policy of not making positive representations regarding the structural condition and / or water tightness of properties for sale? Yes No

If "No", please provide details of your firm's management of this risk exposure

4: Staff Details

4.1 Detail of Shareholders/ Principals / Directors:

Please provide details of Qualifications of all your Shareholders/Principals/Directors, how long they have been in the Real Estate Industry and how long they have been with your firm.

Name	Qualifications	Years in this Firm	Years in Real Estate

PROFESSIONAL INDEMNITY RISKS PACKAGE APPLICATION FORM *continued*

4: Staff Details *continued*

4.2 Staff Numbers

Please provide number of Staff

Please provide number of Registered Sales Employees and Contractors

Have any personnel involved with the firm been dismissed for or as a result of dishonesty? Yes No

If Yes, please specify

5: Directors & Officers Liability (Optional Extension)

Financial Details – only complete this section if you want this cover.

1. Proportion of total turnover derived from internet trading / e-commerce %

2. Is the Applicant currently able to meet its debts as they fall due? Yes No

If No, please supply full details

6: Prior Insurance

Potential Claims

Are any of the principals, directors, officers, partners, directors, sales persons, or employees of the Company aware of:

- a) Any facts or circumstances which could give rise to a claim against the Proposer/ firm? Yes No
- b) Any accounts overdue for payment where there is reason to believe the client is dissatisfied with the professional services rendered? Yes No

If Yes, please specify:

8: Declaration / Authority

I/We agree that the information and answers given in this renewal declaration are in every respect true and correct and the Insurer is aware of all information that may be material in considering this proposal. I/We agree that this declaration shall be the basis of and incorporated in the insurance contract. I/ we undertake to inform the Insurer of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

You can sign the form if you have a touchscreen or you can paste your digital signature

Signed **Name**

Position **Date**