

PROFESSIONAL INDEMNITY RISKS PACKAGE RENEWAL DECLARATION

1: DETAILS OF INSURED

Contact Person: Date of Birth:

Name of Business:

Address:

Postal Address:

Ph: Fax: Mob:

Email:

2: RENEWAL DETAILS

Do you wish your level of Professional Indemnity Insurance cover to be amended for the upcoming year? Yes No

Level of Professional Indemnity insurance cover you require (tick appropriate):

\$1 million \$2 million \$3 million \$5 million

Please specify if a higher limit is required: \$

*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

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

Breakdown of Real Estate Activities:	% Turnover	Approx no. Staff
Residential Sales%
Business Sales%
Industrial Commercial Sales%
Rural Sales%
Property Management%
Body Corporate Secretary/Management%

3: ABOUT YOUR BUSINESS, CONTINUED

Breakdown of Real Estate Activities:

% Turnover

Approx no. Staff

Other %
 i.e. 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 \$

Has the firm/ company ever carried out any work overseas? Yes No

If yes, please specify

Please confirm that your firm/agents make no representation regarding the structural condition and/or water tightness of properties for sale/rent. Yes No

Please confirm that your firm/agents recommend to clients that they obtain their own independent advice/testing/reports with relation to structural condition and/or water tightness of properties for sale. Yes No

Please confirm that your firm/agents make no representation regarding methamphetamine for properties that you are selling/managing. Yes No

Please confirm that your firm/agents recommend to clients that they obtain their own independent advice/testing/reports with relation to methamphetamine of properties for sale. Yes No

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

4.2 Staff Numbers:

Please provide number of Administration 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

Financial Details:

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:

Human Resource Management:

1. Does the Applicant have procedures in place to counter the threat of Employee theft such as controlled access to computer terminals and Systems, segregation of duties such as funds transfer, banking transactions and investing funds. Yes No

6: CYBER LIABILITY (OPTIONAL EXTENSION)

Do you use operating systems with embedded firewalls and anti-virus protection software (such as Windows or Mac OS X), or run commercial licenses separate firewall or anti-virus protection software? Yes No

Are all mobile devices (such as laptops, tablets, smartphones and memory sticks) password protected? Yes No

Are you compliant with the Payment Card Industry (PCI) standards, or if not compliant, do you process, transmit or store LESS than 1,000,000 financial transactions and/or records containing an individual' personal information per year. Yes No

Do you outsource any part of your network, including storage? Yes No

Do you wish to have cover for Social Engineering, Phishing & Cyber Fraud? Yes No

Are all requests to alter supplier and customer details including bank account details, independently verified with a known contact for authenticity? Yes No

Do you ensure that at least two members of staff authorise any transfer of funds, banking transaction/transfers (above \$2,000) and the issuance of instructions for the disbursement of assets, funds or Investments? Yes No

Do you (directly or by re-selling such service) provide, operate, administer or maintain any cloud hosting services, website hosting services or Internet Service Provider (ISP) services, to or on behalf of third parties? Yes No

Is multi factor authentication required for any remote access to your systems (including webmail, Citrix desktop, Cloud based applications, or Remote Desktop Protocol "RDP")? Yes No

7: PRIOR INSURANCE

Potential Claims

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

1. Any facts or circumstances which could give rise to a claim against the Propser/firm? Yes No

2. Any accounts overdue for payments where there is reason to believe the client is dissatisfied with the professional services rendred? Yes No

If Yes, please supply

8: DECLARATION / AUTHORITY

Does your Company anticipate any retrenchments or redundancies within the next 12 months? Yes No

If yes, please advise what processes the insured has in place regarding employment disputes and/or employment-related issues.

I/We agree that the information and answers given in this proposal 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 proposal and 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.

I/We understand that:

- **Real Estate Insurance Services Limited is collecting the information on this renewal declaration to evaluate my/our insurance requirements.**
- **I/We am/are obliged to inform the Insurer of any information which may be material to its consideration of the renewal.**
- **I/We have certain rights of access to and correction of this information.**

Signed Name

Position Date