

REAL ESTATE INDUSTRY – PROFESSIONAL INDEMNITY

PROPOSAL FORM

Important Notice to the Proposer for completion of this proposal form

1) Disclosure

- Any "material fact" must be disclosed to Insurers
- A "material fact" is any information, which may alter the judgment of an Insurer in assessing the risk
- Any "material change" must be disclosed to Insurers
- A "material change" is any information, which may alter the judgment of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2) Presentation

- An authorised individual, a partner, principal or director of the proposer must complete this Proposal Form in ink
- All questions must be answered
- If there is insufficient space to provide answers, additional information should be provided on the proposers letter headed paper
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3) Guidance

- If in doubt as to the meaning of any question contained within this proposal form, or the issues raised in 1) Disclosure and/or 2) Presentation, advice should be sought from an Insurance Advisor in the first instance.

Client Details

Full Name of all Entities to be insured

Date Established

_____	_____
_____	_____
_____	_____
_____	_____

Main Address of the Proposer and any other locations

Details of each Individual, Partner, Principal, Director, Consultants under a contract of service

Name	Age	Qualifications	Date(s)	Qualifications		Length of Service	
						This Practice	Previous Practice
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Attach a CV where the Proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

Number of Employees split between the following:

Principals/Directors	_____	Qualified Staff	_____
Administrative Staff	_____	Other (Specify)	_____
TOTAL STAFF	_____		

Is the Proposer connected or associated (financially or otherwise) with any other entity? Yes No
 If Yes, please provide attachment with full details including nature of the work undertaken and income derived

Is or has the firm or any of it's Owners, Partners, or Officers any financial interest (other than a fee for service) in any venture with a property developer in respect of which the Insured firm provides professional services (including Real Estate sales) to third parties? Yes No
 If Yes, please provide details: _____

During the past 6 years has the Proposers name been changed, has any other business been purchased and/or has any merger or consolidation taken place? Yes No
 If Yes, please provide details: _____

The Business

Please provide the Proposers fees/income in each of the financial periods derived from clients based on:

	Last Financial Year Ended ____/____	Current Financial Year Ending ____/____	Est. Coming Financial Year Ending ____/____
Australia	\$ _____	\$ _____	\$ _____
Overseas	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Please provide the approximate percentage of your activities (based on fee income) applicable to each State, Territory and Overseas

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
% _____	% _____	% _____	% _____	% _____	% _____	% _____	% _____	% _____

If fees/income are declared as derived from clients based on "Overseas" please provide details including territories involved and income derived.

Is the Proposer aware of any change in activity/structure that will occur in the coming financial year? Yes No

If Yes, please provide details: _____

Please allocate below, as a percentage to a total of 100%, the split in fees/income between activities for the last complete financial year:

	Australia	Overseas	Total
Residential Sales	_____	_____	_____
Commercial Sales	_____	_____	_____
Residential Property Management	_____	_____	_____
Commercial Property Management (excluding Shopping Centres)	_____	_____	_____
Management of Shopping Centres	_____	_____	_____
Industrial Property Management	_____	_____	_____
Strata Management	_____	_____	_____
Auctioneering	_____	_____	_____
Business Broking	_____	_____	_____
Mortgage Broking	_____	_____	_____
Mortgage Originator (i.e. delegated authority from a leading institution)	_____	_____	_____
Project Management	_____	_____	_____
Insurance Agent	_____	_____	_____
Loss Assessing/Loss Adjusting	_____	_____	_____
Expert Witness	_____	_____	_____
Other (please specify) _____	_____	_____	_____
			100%

The Business – Risk Management

Does the Insured use the standard Property Management and/or Strata Title Management agreements as recommended by the Real Estate Institutes? Yes No

Does the Insured maintain a Complaints/Repairs Register to record all reports it receives about problems with the properties the Insured is managing? Yes No

Does the Insured manage any shopping centres with more than 6 shops? Yes No
If Yes, how many shopping centres are managed? _____
What is the average amount of shops in each centre? _____

Does the Proposer always obtain satisfactory written references when engaging employees? Yes No
If No, please provide details: _____

If any Partner, Principal, Director or Employee is allowed to sign cheques without a counter signature, please provide details of the Individuals, the cheque limit and the circumstances.

Are employees who receive cash/cheques in the course of their duties required to pay in daily and is this audited by another? Yes No
If No, please provide details of the procedures implemented: _____

Does the Proposer ensure that Sub Consultants are engaged in a binding contract accepting responsibility for their own negligence, error or omission and does the proposer ensure that all Sub Consultants carry Professional Indemnity Insurance? Yes No

Insurance Coverage

Does the Proposer currently have Professional Indemnity Insurance in force? Yes No
If Yes, please provide the following details:

Insurer: _____
Limit: _____
Excess: _____
Renewal Date: _____
Premium (including charges & GST) _____

What is the amount of indemnity now required? \$ _____

Has any proposal for similar insurance made on behalf of the Proposers business, any predecessor of the business, or any Principal, Partner or Director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)? Yes No
If Yes, please provide details: _____

Declaration

I/We declare that the statements and particulars contained in the proposal are true and that I/We have not mis-stated or suppressed any material facts.

I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance affected hereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance. Signing this proposal does not bind the proposer to complete this insurance.

Signature of authorised Individual/Partner/Principal/Director

Date
