

JUA Underwriting Agency Pty Ltd

Real Estate Professional Indemnity Proposal Form

- Please answer every question fully, incomplete answers will not be accepted, and may result in a delay in terms being issued to you.
- If there is insufficient space to provide answers please continue on a separate (letter headed) sheet of paper.
- Any documents attached to the proposal form are part of this proposal.

1. Names of all Entities to be Insured

Insured(s) Trading Name /Entity Name	ABN

2. Address of Principal Office

	State	Postcode

3. Date Business Established

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4. Company Website

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5. Details of Partners / Directors and Staff

Name of All Partners	Age	Qualification/s	Year Qualified	No. Years Experience

Number of Partners / Directors	
Number of Employees	
Number of Contractors	
Other (please specify)	
TOTAL	

6. Insurance History

a) Are you currently insured for Professional Indemnity Insurance? (Please circle)

Yes	No
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b) If yes, please provide the following details:

Name of Insurer		Name of Broker	
Renewal Date		Limit of Indemnity	
Excess		Premium	

7. Please provide a full description and split of your Business Activities

Real Estate Activities	% of Work
Residential Property Sales	%
Commercial Property Sales	%
Off the Plan Sales (Residential & Commercial)	%
Rural Property Sales	%
Residential Property Management	%
Commercial Property Management	%
Auctioneering	%
Business Broking	%
Stock & Station Agent	%
Other (Please Specify)	%
Valuation Activities	% of Work
Residential Valuations	%
Commercial Valuations	%
Municipal / Government Valuations	%
Plant & Equipment Valuations	%
Valuation Consultancy	%
Expert Witness & Lecturing	%
Asset / GST / Stamp Duty / Insurance Valuations	%
Other (Please Specify)	%
TOTAL	100%

8. If “Valuation” work is undertaken, please complete the following

a) Please stipulate the percentage of Mortgage Work undertaken over the last three (3) years.

	Year One	Year Two	Year Three
Percentage of Mortgage Work	%	%	%

b) Please specify the Lenders that you have provided Mortgage Valuations for in the past 3 years and the percentage of income generated from these Valuations.

Lender	Year One	Year Two	Year Three
CBA , NAB, ANZ, Westpac or St George Bank	%	%	%
Gippsreal Limited, Provident Capital or LaTrobe Financial	%	%	%
Others (Please List)			
1.	%	%	%
2.	%	%	%
3.	%	%	%

c) Please stipulate the percentage of the following Valuation Activities performed in the past 12 months.

Kerbside Valuations	%
Desktop Valuations	%
Valex or any other Aggregator	%

d) How many valuations does the company do on average per week?

e) Average Valuation (\$) performed in the last 12 months?

f) List the three (3) largest valuations performed in the last three (3) years.

Client Name	Valuation Amount (\$)	Mortgage Valuation (Y/N)	Lender	Property Type

g) Has the insured provide any valuations for the purpose of second, third or mezzanine lending?
If Yes, please provide details including percentage of turnover derived from this activity.

Yes	No
Details:	

9. If “Business Broking/Agency” work is undertaken, please complete the following

a) Are you a member of the Australian Institute of Business Brokers (AIBB)?

Yes	No
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b) What is the total number of businesses sold in the last 12 months?

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c) Please complete the following table for business sold in the last 12 months.

	Goodwill Component (\$)	Freehold Component (\$)	SAV Component (\$)	TOTAL (\$)
Average Sale Price	\$	\$	\$	\$
Largest Sale Price	\$	\$	\$	\$
Details of Largest Business Sold (Type /Location)				

d) Does the Insured specialise in the sale of any particular types of businesses? If Yes, please provide details.

Yes	No
Details:	

10. If “Property Management” work is undertaken, please complete the following

	No. of Properties Managed
Residential & Strata Properties	
Commercial Properties*	
*If there are more than 10 shops managed in a retail shopping centre, please specify details.	
DETAILS:	

11. Has the insured been engaged in any other professional service or activity other than previously described? If Yes, please provide details.

Yes	No
Details:	

12. Has the insured been involved in any mergers, acquisitions or joint ventures in the last five (5) years? If yes, please provide details.

Yes	No
Details:	

13. Is “Previous Business” cover required for the previous business of any principal, director or partner?

Yes	No
Details:	

14. Fee Income

a) Please state gross fees / turnover (as applicable) payable by clients, including gross fees paid to sub-contractors.

	Previous Financial Year	Current Financial Year	Estimate for Coming Year
Australia	\$	\$	\$
Overseas	\$	\$	\$

b) Please provide a percentage (%) breakdown of the fee income disclosed above by State and Territory.

ACT	%	NSW	%	VIC	%	QLD	%	SA	%
WA	%	TAS	%	NT	%	O/SEAS	%	TOTAL	100%

15. Insurance Cover Required (Please circle option/s)

Limit of Indemnity	\$1,000,000	\$2,000,000	\$5,000,000	Other (Specify)
Excess	\$2,500	\$5,000	\$10,000	Other (Specify)

16. Risk Management

a) Is the Applicant a member of the Real Estate Institute REI (any state or territory)?

Yes	No
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b) Are written disclaimers included with advice being given? If Yes, please provide example.

Yes	No
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c) Are verbal reports or advice always confirmed in writing?

Yes	No
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d) Do you have a documented Risk Management Program in place? If Yes, please provide a copy.

Yes	No	
Date Program was Implemented	/	/
Date Program was last Reviewed	/	/

17. General Underwriting and Claims Information

a) Has any Insurer, in respect of the risks to which this proposal relates, ever:

Declined a proposal, refused renewal or terminated a policy?	Yes	No
Required an increased premium or imposed special conditions?	Yes	No
Declined an insurance claim or reduced its liability to pay an insurance claim in full (other than by application of any Excess)?	Yes	No

If Yes to any of the above, please provide details

Details:

b) Has any Claim been made against the Insured or any Principal, Partner, Director, Consultant or Employee in respect of the risks to which this proposal relates or might be within the terms of cover?

Yes	No
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Date of Claim	Brief Details of Loss	Amount Paid	Estimated Outstanding

c) Is any principal, director, partner, consultant or employee, after enquiry, aware of any circumstances which might:

Give rise to a claim against the Insured or his/her predecessors in business or any of the present or former partners, principals, directors, consultants or employees?	Yes	No
Result in the Insured or his/her predecessors in business or any of the present or former partners, directors, consultants, employees or principals incurring any losses or expenses which might be within the terms of the Professional Indemnity Cover?	Yes	No
Otherwise affect the Insurer’s consideration of this Insurance?	Yes	No

If Yes to any of the above, please provide details

Details:

d) Please note any additional information you wish to notify JUA Underwriting Agency Pty Ltd.

Details:

IMPORTANT NOTICES

DUTY OF DISCLOSURE

Before You enter into a contract of general insurance, You have a duty under the Insurance Contracts Act 1984 to disclose everything You know, or could reasonably be expected to know, that is relevant to the decision to insure You and the terms of the insurance.

It applies to each person and/or party insured. You have to fulfil Your duty by checking that all questions are answered honestly and tell us about everything else You think may effect our decision to accept Your proposal.

If You are not sure if something is relevant to this insurance, You should tell us anyway. But You don't have to tell us about things that reduce the risk; are common knowledge; we already know; we ought to know in the course of our business or we indicate we don't want to know.

If You fail to tell the insurer everything You know is relevant to this insurance then the Insurer may refuse or reduce a claim, cancel Your policy or in the event of fraud, treat Your policy as never having operated.

If You are registered for GST purposes, You must tell us to what extent You are entitled to input tax credits on Your insurance premium. You should also tell us Your Australian Business Number (ABN).

You should have provided this information in question2 in this Application. If You do not tell us Your entitlement to input tax credits on Your insurance premium, or You tell us the incorrect entitlement, You may be liable to pay GST on any claims settlements.

CLAIMS MADE CONTRACT (Professional Indemnity Only)

If we accept Your Application, the Professional Indemnity component of Your policy will be on a claims made basis. This means that the policy will respond to:

- i. claims that are made against You and reported to us during the Period of Insurance.
- ii. any circumstances of which You become aware during the Period of Insurance which could or does give rise to a future claim that You inform us of in writing, as soon as practicable and within the Period of Insurance.

The policy will not cover You for liability resulting from any claim, matter or occurrence or circumstance that arises from any act, error or omission:

- a) committed, or alleged to have been committed prior to the retroactive date, if any specified in the schedule; or
- b) which You were aware before the commencement of the Period of Insurance; or
- c) that is excluded in the policy wording.

SUBROGATION AGREEMENTS

When another party would be liable to compensate You for any loss or damage otherwise covered by the policy but You have agreed with that party, either before or after the loss or damage occurred, that You would not seek to recover any monies from that party, we will NOT cover You under the policy for any such circumstances.

CONTRACTUAL OBLIGATIONS

Take care to avoid entering into contracts in which you assume obligations above and beyond what the law would otherwise impose upon You. We may NOT cover You for any claims in such circumstances.

DECLARATION

I/We acknowledge and declare that:

- I/We have read and understand the above Important Notices, the policy wording and the questions in this Application.
- If the Application is accepted, the insurance will be subject to the terms and conditions set out in the policy wording and the most current schedule or as otherwise varied by JUA in writing and agreed to by me/us.
- The information contained in this Application (including any attachments) is true and correct in every particular and JUA will rely on this information in deciding whether to provide cover and on what terms.
- Any of the answers not in my own handwriting have been checked by me/us and are correct.
- I/We hereby authorise and direct JUA to obtain or provide information or documents in relation to insurance, related matters or claims history from or to another insurance company or an insurance reference bureau or similar organisation.

Printed Name	
Position	
Signature	
Date	