



**APPLICATION FOR COMBINED LIABILITY INSURANCE (PI & PL)
REALTY AGENTS AND ASSOCIATED PROFESSIONS**

Complete and sign this Application. If someone else has completed the Application for You, check that it sets out the cover You require, that the answers to the questions are correct and that You have told us everything we need to know before You sign.

Please contact JUA for clarification if You have any questions about this Application Form. You will be bound by the answers which You give and by the information provided by You in this Application. Therefore, it is in Your interest to make sure that all the information is correct and properly understood. If there is insufficient space to provide any answer, attach a separate sheet with all the necessary information.

Section 1: Company Information

1. Contact Name: _____

2. Insureds Full Name & Trading Name (if applicable): _____

3. Your ABN: _____

4. Please advise the percentage of work undertaken per state:

NSW	ACT	VIC	QLD	TAS	NT	SA	WA

5. Your Business Address: _____ State _____ Postcode _____

6. Phone Number: _____ Email Address: _____ Website: _____

7. When was the proposer(s) company established: _____

8. Date of the financial year end: _____

9. Total Fee /Commission income, please advise the following:

	Previous Financial Year	Last Financial Year	Current Financial Year	Next Financial Year
Gross Fees				

Section 2: Insurance Details

1. What limit of indemnity do you require, please complete the following:

\$1,000,000		\$2,000,000		\$3,000,000		\$5,000,000	
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2. Please provide us details of your latest professional indemnity insurer:

Insurer	
Indemnity Limit	
Expiry Date	
Excess	
Premium	

Section 3: Personnel & Activities Performed

1. Number of Staff, please advise the following:

Partners, Directors or Principles	
Sales Persons	
Property Managers	
Business Agents	
Stock & Station Agents	
Valuers	
Clerical	
Total	

2. Partners, Directors or Principles, please advise on the following:

Name	Age	Qualifications	Date Qualified	Total Years Experience

3. Do you engage the services of contractors, consultant or other professionals to undertake work on your behalf?
 Yes / No If yes please provide the following additional information: _____

3.1. What activities do the above mentioned perform for you? _____

3.2. Do you have a policy in place to check their work before it is issued to the end client? Please give details as to the policy or why there is no policy in place: _____

3.3. What is the total amount paid to these individuals for the last financial year: \$ _____

3.4. Do you plan to continue using contractors, consultants or other professionals for the upcoming year: Yes / No

4. Please provide a split in the business activities undertaken:

Real Estate Work	Work (%)	Valuations	Work (%)
Residential Sales		Residential	
Commercial Sales		Commercial	
Rural Sales		Rural	
Property Management		Municipal	
Business Brokering		Asset	
Auctioneering		Insurance	
Buyers Agency		Plant & Equipment	
Stock & Station		Tourism	
Other		Other	
Details of Other		Details of Other	

5. Do you undertake any 'off the plan' sales work:
 Yes / No If yes please provide a copy of your resume outlining your experience selling properties off plan.

6.1. If undertaking mortgage valuations please complete the following:

What is the percentage of mortgage purpose valuations		%
What is the percentage breakdown of the following lender types for whom the proposer undertakes mortgage valuations	Banks / Building Soc / Credit Unions	%
	Solicitor Lenders	%
	Private Lenders	%
	Other	%

6.2. Please provide the following in relation to the valuation activities:

	Valuation Amount (\$)	Purpose
Average valuation carried out in last 12 months		
Largest valuation undertaken in last 3 years		

7. If you undertake any business brokering work please complete the following:

a) Number of businesses sold in the last 12 months				
	Goodwill Component	Freehold Component	SAV Component	Total
Average Sale Price				
Largest Sale Price				
b) Details of the Largest Business Sale in the last 12 months				
c) Please detail any area of business sale specialisation (including size, type and purpose with Goodwill, Freehold and SAV as applicable)				

8. If you undertake any property management please complete the following:

	Number of Properties Managed
Residential and Strata	
Commercial Properties	
If there are more than 10 shops managed in a retail shopping centre of precinct please provide details	

9. Has any insurer ever cancelled or refused to accept or continue any fidelity guarantee for your company in respect of any employee of the proposers firm?

Yes / No If Yes please provide details: _____

Section 4: Claims Details

1. Please provide details of all claims and /or notifications (continue on a separate sheet if required)

Date Notified	Claimant	Name of Insurer	Amount Paid	Open / Closed
Date Notified	Claimant	Name of Insurer	Amount Paid	Open / Closed

2. Are you or any principle, partner, director or member of staff aware of any circumstances that may give rise to a claim and /or a notification of a claim:

Yes / No If Yes please give details: _____

Section 5: Disclosure Details

1. In the last 10 years, has any application or proposal form for similar insurance made by you been; declined, cancelled or had a renewal refused or had special terms imposed and /or excesses applied:

Yes / No If Yes please provide details: _____

2. In the last 10 years, have either you or any of your employee(s) been charged with or summoned for; arson, drugs, fraud, dishonesty of any kind, malicious damage, theft or another person:

Yes / No If Yes please provide details: _____

Section 6: Public & Products Liability

This application relates to the General Liability Insurance that your company may require, should you decide you wish to include your General Liability under this policy please complete the following section.

This policy cannot be bought in isolation from the Professional Indemnity Insurance that the rest of this proposal form relates to.

1. Please select the Limit of Cover that You wish to purchase from the table options below:

\$5,000,000		\$10,000,000		\$20,000,000	
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2. Please provide details of all claims and /or notifications (continue on a separate sheet if required)

Date Notified	Claimant	Name of Insurer	Amount Paid	Open / Closed
Date Notified	Claimant	Name of Insurer	Amount Paid	Open / Closed

3. Are you or any principle, partner, director or member of staff aware of any circumstances that may give rise to a claim and /or a notification of a claim:

Yes / No If Yes please give details: _____

4. In the last 10 years, has any application or proposal form for similar insurance made by you been; declined, cancelled or had a renewal refused or had special terms imposed and /or excesses applied:

Yes / No If Yes please provide details: _____

5. In the last 10 years, have either you or any of your employee(s) been charged with or summoned for; arson, drugs, fraud, dishonesty of any kind, malicious damage, theft or another person:

Yes / No If Yes please provide details: _____

6. If you require property insurance for your business please tick the following box and one of our representatives will contact you to discuss your options.

Please provide me with a quote for Office Insurance

Section 7: Important Notices, General Information & Declaration

A. 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.

B. Claims Made Contract

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.

General Information

JUA UNDERWRITING AGENCY PTY LTD (JUA)

In accordance with the Insurance (Agents and Brokers) Act 1984, JUA gives notice that this insurance contract is effected under an authority given to JUA as an agent of the underwriters and not the insured.

UNDERWRITERS

"Certain Underwriters at Lloyd's" (Lime street, London EC3M 7HA, ENGLAND) or APRA approved Australian underwriters.

PRIVACY STATEMENT

The Underwriters and its agents are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). This sets out basic standards relating to the collection, use, disclosure and handling of personal information. "Personal Information" is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion. Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly (e.g. from Your representatives). Only information necessary for the arrangement and administration of Underwriters business by their agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums, etc. Underwriters and their agents disclose personal information to third parties who they believe are necessary to assist them in doing the above. These parties will only use the personal information for the purposes we provided it to them for (or if required by law). When You give Underwriters and their agents personal information about other individuals, we rely on You to have made or make them aware that You will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on You to have obtained their consent in these matters. If You have not done or will not do either of these things, You must tell us before You provide the relevant information. You are entitled to access Your information if You wish and request correction if required. You may also opt out of receiving materials sent by the Underwriters by contacting JUA on phone 1800 252 263.

JUA Underwriting Agency Pty Ltd

Locked Bag 11

Royal Exchange NSW 1225

Ph: 1800 252 263

Fax: (02) 9247 2411

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juairect@jua.com.au

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.

Signature of Applicant: _____ Date: _____

Print Name: _____ Position: _____