

## Real Estate Professionals Supplementary Proposal Form

### Instructions For Completing This Supplementary Proposal Form

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the Insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
  - the entity or entities named in question
  - the past and/or present employees or principals of the entity or entities; and
  - the directors of the entity or entities and all subsidiary entities for whom cover is required.

Name of all entities to be Insured:

Date the Proposal Form to which is a Supplementary Proposal Form:	
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Real Estate Classes	Percentage
Real Estate Sales	
Property Management	
Body Corporate/Strata Management	
Stock & Station Agent	
Auctioneer	
Other real estate classes not fitting the above:	
<b>Total (must equal 100%):</b>	

#### Activity Types

Activity	Percentage
Residential Real Estate Sales	
Commercial/Industrial Real Estate Sales	
High Rise Sales (higher than 5 stories)	
Residential Property/Strata Management	
Property Management - Commercial/Industrial (excluding retail shopping centres)	
Retail Shopping Centres with 10 shops or less	
Retail Shopping centres with more than 10 shops	
Auctioneer - Non Fine Art	
Auctioneer - Fine Art	
Real Estate Settlement Agent	
Other activities not fitting the above:	
<b>Total (must equal 100%):</b>	

**DECLARATION**

I/We the undersigned duly authorised person(s) declare that:

- i. I am/we are authorised by each of the Proposers to sign this Supplementary Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Supplementary Proposal Form has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us and I/we understand the advice given in relation to the **duty of disclosure**; and
- v. I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- vi. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance.

Signed .....

Name of Partner(s) or Director(s) .....

On Behalf of\* ..... \* **Insert Name of Firm**

Date .....