



Real Estate Agents Addendum Questionnaire

Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.

Income details

Please provide a breakdown of your gross fees/income for the past 12 months derived from the following fields of work, by stating the whole amounts in Australian Dollar (\$) and the percentage:

Please provide a split of activities as follows:

Activity	Percentage breakdown %	Last financial year's gross fees \$	Current financial year's gross fees \$
Residential sales (not incl off the plan sales)			
Residential sales (off the plan sales only)			
Commercial sales (not incl off the plan sales)			
Commercial sales (off the plan sales only)			
Rural sales			
Auctioneering			
Residential property and strata management			
Commercial property and strata management			
• Shopping centres < 10 shops			
• Shopping centres > 10 shops			
• Retail arcades			
• Offices			
• Retail shops			
• Commercial/Industrial			
Stock and station agent			
Business broking			
Valuations			
Other - Please list			
Total	100%		

If valuations are conducted please confirm:

The average value of all properties over the past 12 months:	\$
The maximum value of any property valued in the last 36 months:	\$

If business broking is conducted please confirm:

The average value of all businesses broked over the past 12 months:	\$
The maximum value of any business broked in the last 36 months:	\$

If **YES** to any of questions below, please provide full details including name of the Insured involved and the nature of business and involvement either detailed below or on a separate sheet of paper.

Are any Partners, Principals, or Directors connected or associated (financially or otherwise) with any practice or business?

Yes No

1. Does the Insured or any Principal, Partner, or Director or Employee of the Insured, engage in any Mergers and Acquisitions related activities?

Yes No

2. Have any Claims been made against the Company for professional negligence, error of omission in the last 5 years?

Yes No

If **YES**, please provide further details of the Claim, the Claim amount and any payments:

3. Is the Proposer aware, after enquiry of any circumstances or incident, which may give rise to a Claim?

Yes No

If **YES**, please provide further details:

If the Proposer is providing Property Management services, please confirm the below:

4. Are all professional subcontractors required to carry professional indemnity insurance and is proof of coverage confirmed as part of engagement process by the applicant?

Yes No

If **NO**, please provide further details:

5. Have there been any confirmed COVID cases among the Insured's staff, or at the Insured's business premises, including any shared premises or premises managed by the Insured?

Yes No

6. Has the Insured provided services to any COVID quarantine facility?

If **YES**, please provide further details:

Yes No

7. Has the Company endeavoured to comply with all advice, regulations, restrictions, and guidelines issued by the Australian Government Department of Health in response to COVID-19, or any other similar advice, regulations, restrictions, and guidelines issued by government health bodies in any other territory or jurisdiction in which the insured operates? Yes No

If **NO**, please provide further details:

Further declaration to the proposal after inquiry

Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Notices section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement.
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Notices section of the Proposal Form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

Signature:

Insured's Name:

Date (DD/MM/YY) / /

Any queries, please contact us

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