

# REAL ESTATE AGENTS PROPOSAL FORM ADDENDUM

## **REAL ESTATE AGENTS**

- Answer all questions. Blanks or dashes, or answers 'known to underwriters or brokers' or 'N/A' are unacceptable & will delay consideration of this addendum.
- If there is insufficient room to complete a question, please attach a signed & dated annexure.
- Any documents annexed hereto by the practice form an integral part of this addendum.
- Where appropriate, please place a cross in the 'Yes' or 'No' box which best indicates your response.

Plea	ase s	tate the percentage of your gross income derived form the following activities?	% of Gross					
1.	Activity							
	(a)	Sale or provision of advice in respect of household insurance	Income Derived					
	(b)	Sale or provision of advice in respect of any other form of insurance						
	(c)	(c) Commercial Real Estate activities - including sales, leasing and property management						
	(d)	Residential Real Estate Sales						
	(e)	e) 'Off the Plan' residential home unit sales in multi story blocks (over 3 stories)						
	(f)	Property Management activities - including rental books, property leasing, strata title and / or body corporate management, residential home unit management and similar						
	(g)	Valuation activities						
	(h)	Business broking activities						
	(i)	Mortgage Origination or Finance Broking activities						
	(j)	Other - please provide full details						
2.		pes (or has) the firm or any of its owners, partners or officers wholly or party own operate or manage any her firm, organisation or corporation for which it renders professional services?  Yes Please provide full details						
	140	Tes provide rail details						

3.	Is or has the firm or any of its 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?							
No Yes Please provide full details								
Α	Acknowledgement							
	/e acknowledge the dendum.	declarations m	nade in the Professi	onal Indemnity Insu	urance Proposal Form	also apply to this		
nf ord nas	ormation relating to ovided information a	o this insurance about another in	e to/from any othe ndividual (for exam	r insurers or insurar ple, an employee, o	mited, to collect or disc nce reference service. ' r client), I/we declare th on "The way we hanc	Where I/we have nat the individual		
	be signed by the Cha mpany/practice/busir		t/Managing Partner	/Managing Director/	/Principal of the associa	tion/partnership/		
Sig	ınature		Date	Signature		Date		
			/ /			/ /		
Sia	unatories to this add	endum should k	ne the same signato	vries to abovementi	oned proposal form.			
J			J					
Ple	ease indicate the tot	al number of ac	dditional pages atta	iched to this adden	dum			

### **Northern Regional Office**

10 Spring Street Sydney NSW 2000 PO Box H90 Australia Square Sydney NSW 1215 DX 10260 Sydney Stock Exchange Tel. (02) 8224 4655 Fax (02) 8224 4030

#### **Queensland Branch**

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#### **Southern Regional Office**

Level 4 CGU Centre 485 La Trobe Street Melbourne VIC 3000 GPO Box 4609 Melbourne VIC 3001 DX 38206 Flagstaff Tel. (03) 9601 8700 Fax (03) 9602 5255

#### Western Australia Branch

Level 6 179 St. George's Terrace Perth WA 6000 PO Box 7018 Cloisters Square Perth WA 6850 DX 199 Perth Tel. (08) 9278 1495 Fax (08) 9321 9923