

Renewal Declaration

Professional Indemnity Real Estate



Section 1 | Profession Related Questions

1. Company Name: _____

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

Fees Earned From	Percentage Breakdown %	Last Financial Year's Gross Fees \$	Current Financial Year's Gross Fees \$
1. Auctioneer			
2. Body Corporate/Strata Management			
3. Business Broking			
4. Land Settlement Agent/Broker			
5. Property Management			
6. Sales – Residential			
7. Sales – Commercial			
8. Rent Collection			
Total:	100%		

3. Has any contractor or employee of the Company ever been refused or restricted in their right to carry on business in Real Estate? Yes [] No []

If YES, please provide details: _____

4. Have any judgments or findings in respect of fraud, misrepresentation, improper behaviour or dishonesty ever been made against the Company, any contractor or employee of the Company in any civil proceedings or through any industry association or body? Yes [] No []

If YES, please provide details: _____

5. Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years? Yes [] No []

If YES, please provide details: _____

6. Is the Proposer aware, after enquiry of any circumstances or incident, which may give rise to a Claim? Yes [] No []

If YES, please provide details: _____

Auckland | Wellington | Christchurch

Tel: +64 09 973 0190 www.dualnewzealand.co.nz

DUAL New Zealand Limited | Part of the DUAL International Group | Registered in New Zealand under Company Number 3232892

Section 2**Further Declaration to the Proposal****AFTER INQUIRY**

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts. I agree that this Renewal Declaration, together with any previously provided Proposal Form any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I am authorised to complete the above information on behalf of all Insured's named in the Proposal.

I agree that DUAL New Zealand may use and disclose our personal information in accordance with the 'Privacy Collection Statement' as stated in the Proposal Form. I acknowledge that the Insured has read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT

Full Name: _____

Position: _____

Signature: _____ Date: / /