



REAL ESTATE AGENTS SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your PI Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Applicant

Name of Broker

A STAFF DETAILS

1. Please list all Managers and their respective branch offices

Name	Branch Office

B BUSINESS DETAILS

1. Please state the percentage of income derived from the following types of activity

Activity	Percentage
Real Estate Agent - as defined by the current Real Estate Agents Act	%
Registered Surveyor - as defined by the current Survey Act	%
Registered Valuer – as defined by the current Valuers Act	%
Town Planner – if a member of the New Zealand Planning Institute or equivalent	%
Licensed Auctioneer – as defined by the current Auctioneers Act	%
Registered Quantity Surveyor - as defined by the current Quantity Surveyors Act	%
Other (please specify) <input type="text"/>	%
TOTAL	100%

2. Do you engage in work other than as defined in the main Proposal Form? Yes No

If Yes, please provide details



3. Please provide a breakdown of your real estate activities into the following areas

Activity	Percentage
Residential sales	%
Industrial / Commercial sales	%
Rural sales	%
Property management	%
Other (please specify) <input type="text"/>	%
TOTAL	100%

4. Do you operate as any of the following:

- (a) Building Certifier Yes No
- (b) Independent Qualified Person (as defined in the Building Act 1991) Yes No
- (c) Pre-Purchase Consultant Yes No

5. Is there any other information in your possession that you would consider material to the risk being proposed? Yes No

If Yes, please provide full details

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed Date

Printed name

Position



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