

Business Brokers Addendum

IMPORTANT INFORMATION

This addendum is to be completed in addition to and forms part of the Professional Indemnity Proposal Form and must be completed by a principal, partner or director or a duly authorised person. Please refer to the Important Notices on the Proposal Form.

These questions reflect the key factors that are taken into account when determining the Insured's premium.

TYPES OF BUSINESS

1 DOES THE INSURED SPECIALISE IN BROKING A PARTICULAR TYPE OF BUSINESS?

Yes No

Please provide details of general sale price and type of business(es) brokered in which the Insured's specialises:

2 DOES THE INSURED BROKER ANY START-UP FRANCHISES?

Yes No

If Yes, please provide detail of type and sale price of business(es), below:

3 DOES THE INSURED PROVIDE SERVICES OTHER THAN BUSINESS BROKING ? (If so please advise below)

Yes No

Type of Work	Domestic/Residential	Commercial	Rural/Ag
Sales	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Property/Lease Management	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Strata Management	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Auctioneering	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Valuations (please detail further below)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Stock & Station Agency	N/A	N/A	<input type="text"/> %
Business Broking	N/A	<input type="text"/> %	<input type="text"/> %
Insurance Agency	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other (please specify below)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
TOTAL (please ensure total of all activities = 100%)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

BUSINESS BROKERED IN THE LAST 12 MONTHS

4 PLEASE PROVIDE DETAILS OF THE INSURED'S PRACTICE FOR THE LAST 12 MONTHS

Number of Businesses Brokered

Goodwill Component

AVERAGE SALE PRICE
\$

LARGEST SALE PRICE
\$

Freehold Component

\$

\$

Other

\$

\$

Total

\$

\$

Approximate Average Goodwill as a percentage of sale price

%

Please provide details as to the sale price and type of the LARGEST business brokered during the last 12 months (When providing sale price please show goodwill content as a separate figure)

Business Type

Total Sale Price:

Goodwill Component:

Free Hold Component:

5 INDEPENDENT ADVICES

(a) Does the Insured ensure that purchasers of business(es) brokered secure their own, independent valuation(s) of business(es) brokered?

Yes No

Please provide details below:

(b) Does the Insured ensure that purchasers of business(es) brokered secure their own independent accounting advice?

Yes No

Please provide details below:

(c) Does the Insured ensure that purchasers of business(es) brokered secure their own independent legal advice?

Yes No

Please provide details below:

DECLARATION

I THE UNDERSIGNED, AFTER ENQUIRY, DECLARE AS FOLLOWS:

- 1 I am authorised by each of the persons or entities in the definition of "Insured" to make this proposal.
- 2 I have read this addendum and the accompanying documents and acknowledge the contents of the same to be true and complete.
- 3 I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the insurers of any change in the particulars or statements contained in this addendum or in the accompanying documents.
- 4 I/we consent to Procover, Miramar and the insurer using the personal information (including sensitive information) I/we have provided on this document for the purposes of administering my/our insurance. I/we consent to the disclosure of personal information (including sensitive information) to third parties and overseas where it is reasonably necessary for the purposes of administering my insurance. I/we understand that if this consent is not given Procover, Miramar and the insurer may not be able to administer my/our insurance.

Although the signing of this addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this addendum and in the accompanying documents shall be the basis of the contract of insurance if a policy is issued. I also acknowledge that the addendum and the accompanying documents will be incorporated in the contract of insurance.

Applicant 1

NAME OF SIGNATORY

NAME OF BUSINESS OR PRACTICE

SIGNATURE

DATE (DD/MM/YY)

Applicant 2

NAME OF SIGNATORY

NAME OF BUSINESS OR PRACTICE

SIGNATURE

DATE (DD/MM/YY)