

Professional Indemnity Insurance For Real Estate Agencies

(For Limit of Indemnity up to S\$500,000 and/or Number of Salespersons not exceeding 50 pax)

Important Notice:

1. STATEMENT Pursuant to Section 25(5) of the Insurance Act or any subsequent amendments thereof- You are to disclose in this Proposal Form, fully and faithfully, the facts you know or ought to know otherwise the policy issued hereunder may be void.
2. This is a CLAIMS MADE POLICY which only covers claims made against you during the period of insurance. However, provided you give the insurers notice in writing of any facts that might give rise to a claim against you, as soon as reasonably practicable after you became aware of those facts and before the expiry date of this insurance then this insurance will respond notwithstanding the fact that no claim has actually been made against you prior to the expiry date.
3. The liability of the Company does not commence until this application is accepted. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date, where the policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the policy in all other instances, failing which there will be no liability under this cover.

1. Details of Applicant

Agency Name : _____ Company Reg. No. : _____
 Address : _____
 Establish Date : _____ (DD/MM/YYYY) Contact Person : _____
 Email : _____ Office No.: _____ Mobile No.: _____

2. Insurance Cover

- (a) Is the Firm currently insured with a Professional Indemnity Insurance? If 'YES' please supply details. Yes No
 Insurer _____ Expiry Date _____ Retroactive Date* _____
- (b) Has any application for similar insurance made by the agency, or any partners or directors ever been rejected, or had such insurance cancelled, renewal declined, or with special terms imposed? Yes No

3. Claims Details

Has the agency or any current or former partners, directors, employees or salespersons,

- (a) Ever been the subject of disciplinary action or investigation by any authority or professional body? Yes No
 (b) Had any claims made or lawsuits brought against them, or aware of any circumstances which might give rise to a claim for wrongful act, negligence, error or omission and/or breach of their professional duties? Yes No

If your answer is 'YES' for question 3(b), please provide details in respect to each matter below.

Date Notified	Name of Insurer (If any)	Name of Claimant/Potential Claimant	Brief description of the Matter	Amount Paid or Est. Potential Liability	Is Matter Finalised or Outstanding?

4. Application for Cover

- (a) **Period Of Insurance:** From: _____ to 31 December (YY) _____ (b) **No of Salespersons** (Up to 50): _____
- (c) **Limit of Indemnity:** S\$100,000 S\$200,000 S\$300,000 S\$400,000 S\$500,000
 Voluntary Enrolment of Salesperson(s) Compulsory Enrolment of Salesperson(s)

- (d) **Territorial Limit:** **Worldwide** Excluding USA/Canada Including USA/Canada

Country/Area	Singapore	Asia	Europe	USA/Canada (not > 25%)	Others
% of Gross Fees	%	%	%	%	%

Any material change in risk during the policy period (including > 50% increase in no. of salespersons) must be declared, and Tenet Sompo reserves the right to revise policy terms including charging additional premium.

5. Declaration I/We the undersigned authorised Insured Person(s) declare as follows:

- (1) I am/We are authorised by each of the other Applicants to make this Proposal.
- (2) I/We have read and understood the Important Notice on the top of this Proposal Form.
- (3) I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform Sompo of any change in the particulars or statements contained in this Proposal or in the accompanying documents.
- (5) I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we have obtained the consent of the individuals in relation to this policy) that Sompo Insurance Singapore Pte. Ltd. may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at sompo.com.sg.
- (6) I/We consent to receive marketing and promotional information from Sompo Insurance Singapore Pte. Ltd. (e.g. via email, mail, SMS, etc.) I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at sompo.com.sg
- (7) I am/We are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application / form and the accompanying documents are true, accurate and complete and shall be the basis of the contract should a Policy be issued.

- Please charge S\$ _____ to my VISA / MASTERCARD* (*Delete As Appropriate)**

Where a third party credit card is used, I/We declare that the cardholder has authorized and consented to such use.

Card No.: _____ **Expiry Date** _____

- I/We enclose a cheque for S\$ _____ Bank/Cheque No.:** _____

Name of Applicant (Practice): _____ Signature of (Partner/Principal/Director): _____

Date: _____ Name of Signatory: _____