



Intact Insurance Company

Professional Liability Insurance Renewal Applications for Real Estate Brokers (Individuals)

INSURANCE BROKER:

POLICY NO:

EXPIRATION DATE:

PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

1. FULL NAME OF INSURED:

2. Do you have any knowledge or information of any claim or incident which might give rise to a claim against you in connection with your profession as a Real Estate Broker which has not been reported to AXA Pacific Insurance Company?

YES NO

3. NUMBER OF LICENSED REALTORS:

4. Any change in operations in the past 12 months? If yes, please attach explanation.

YES NO

5.	DESCRIPTION OF ACTIVITIES:	GROSS REVENUES	
		EARNED DURING LAST	ESTIMATED FOR NEXT 12 MONTHS
	Real Estate Sales (Gross Commissions)	\$	\$
	Please indicate gross commission percentages in each of the		
	- Residential	%	%
	- Commercial	%	%
	- Industrial	%	%
	- Rural (including Farms and Resorts)	%	%
	Market Value Appraisals (on a fee basis)	\$	\$
	Property Management (excluding Strata Corporations)	\$	\$
	Property Management of Commercial and Residential Strata	\$	\$
	Mortgage Brokering	\$	\$
	Business Brokering	\$	\$
	Others (please describe):	\$	\$
	TOTAL	\$	\$



6. DISCLOSURE, AUTHORIZATION AND SIGNATURE:

I declare for and on behalf of the Applicant and each and every one of its members to be insured, that to the best of my/our knowledge, the above statements and particulars in this application are true and complete and that I/we have not omitted, suppressed or misstated any material facts. I/we agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected there from. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I/we understand and accept that this insurance applied for provides coverage on a "claims made and reported" basis and that coverage under the policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself, or my employees prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I/We also give authorization to AXA Pacific Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with AXA Pacific Insurance Company, or any of its affiliates.

SIGNING THIS APPLICATION DOES NOT BIND THE INSURED NOR THE INSURER TO COMPLETE THE RENEWAL INSURANCE

Signature of Individual Applicant: X _____

Date: _____ Title: _____