

Home Warranty Insurance Application

for Builders above \$3m in Annual Turnover

(Form only for Western Australia, South Australia & Australian Capital Territory)

Section 1 - General Information (all applicants to complete)

Name of Applicant business (i.e. legal name under which you contract)

Trading name (s) (please attach a copy of your certificate of Business Registration)

ABN

What date did this business commence trading?

 / /

ACN

The Applicant business trades as a: Sole Trader Partnership Company Trust Please attach a copy of trust deed

Street address

State

Postcode

Business Phone Number

Name of key contact

Mobile Phone Number (of key contact)

Facsimile Number

Email (of key contact)

Domestic Licence No

HIA Membership No

Expiry Date (dd/mm/yyyy)

States/Territories of operation:

NSW

VIC

ACT

SA

WA

TAS

NT

QLD

Section 2 - Building activity

Please provide a breakdown of the various types of construction: (Contract price to include GST). The Insurer will recognise your prior construction experience when providing home warranty insurance. In some instances further information may be sought to enable the Insurer to better understand your business.

Type of construction	PAST 12 MONTHS		PROPOSED FOR NEXT 12 MONTHS		
	Total value of all projects		Estimated total value of all projects	Estimated no. of projects	Estimated largest single contract
Single dwelling – new construction	\$		\$		\$
Dwelling improvements – Structural	\$		\$		\$
Dwelling improvements – Non-structural	\$		\$		\$
Units/Villas/Townhouses – 6 or more units (not high rise)	\$		\$		\$
Transportable/Relocatable homes	\$		\$		\$
Swimming Pools	\$		\$		\$
Subcontracting (not requiring warranty)	\$		\$		\$
High rise residential construction	\$		\$		\$
Other (Please specify)	\$		\$		\$
Total	\$		\$		

What percentage of your proposed activity is on a cost plus or contract management basis?

 %

What percentage of your proposed activity is on a speculative basis?

 %

What annual home warranty turnover limit do you require?

 \$

If a refurbishment or addition, what is the total cost of the non-structural residential/domestic building works?

 \$

Please indicate your turnover limit preference (please select one only):

Active insurable turnover limit (refreshed when jobs are completed)

Maximum (annual) insurable turnover limit (refreshed with job values after 12 months from issued date)

Section 2 - Building activity *Continued...*

Average construction cycle

Construction Lead-Time (i.e. period from contract signing/deposit taken until starting on site)

 weeks

Construction Phase (i.e. period at site until handover to homeowner/developer)

 weeks

Please provide a brief description of the largest projects over the past 5 years (any work type)

Description	Value of works (\$)	Date completed	Your role on project

Section 3 - Builder licence/registration/accreditation information

Please list all Building licences held by the business entity (including nominated officers)*:

Issuing state	Name on licence	Licence no.	Year first issued

* Nominated officers to include Licensed Supervisors, Practitioners, Directors, Project Managers, Supervisors etc.

Section 4 - Financial Information Required

To enable assessment of your application, we require the following financial information:

- Full and final Financial Statements (being the Profit and Loss Statement with Trading Statement, Balance Sheet, and Notes to Accounts) for the last three (3) financial years. These must be prepared by a suitably qualified Accountant and signed by the Applicant as being true and correct.
- Should the end of the last financial year be more than 9 months ago, we also require, in addition to the above, interim Financial Statements (being the Profit and Loss Statement with Trading Statement, Balance Sheet and Notes to Accounts) for a period of at least 6 months ended since the last financial year-end.
- For Sole Traders only – the Financial Statements required incorporate the Profit and Loss Statement with Trading Statement only (or a copy of the Tax Return as submitted to the Australian Taxation Office), and may exclude a Balance Sheet. All other requirements as above remain unchanged.
- If you have not been actively building for the past 12 months (or longer), please attach a summary of employment for this period along with details of your prior building experience.

Trust type: N/A Discretionary Unit Fixed Other

Note: In need, please clarify type with your Accountant/Financial Adviser.

Trust name:

Trustee:

Please provide a signed copy of the Trust Deed.

Section 5 - Business and personal background information

Please tick Yes or No

1. Has any director, partner, proprietor, principal/major shareholder or manager of your business:

- Been involved with a business (including the Applicant) where the Statutory building dispute Tribunal has made an order for rectification or payment or aware of any Court, Tribunal or arbitration hearing involving or in any way related to home building work undertaken by your business? Yes No
 - Been involved with a business placed in external administration, a scheme of arrangement, receivership, liquidation or provisional liquidation? Yes No
 - Been declared bankrupt, entered into a deed of assignment, composition, scheme of arrangement with creditors, or been subject to a legal judgment or currently have legal proceedings pending? Yes No
 - Been charged with or convicted of any criminal offence in the past 10 years? Yes No
 - Had an application for home warranty insurance rejected, declined or withdrawn by an Insurer or required special terms to be applied by an insurer? Yes No
 - Been a director, partner, proprietor, principal/major shareholder or manager of a business that has:
 - had an application for home warranty insurance rejected, declined or withdrawn by an Insurer or required special terms to be applied by an insurer? Yes No
 - had a builder's licence/registration refused, cancelled or suspended in any state or territory of Australia? Yes No
 - had a home warranty insurer ever pay a claim? Yes No
 - given any form of security to another home warranty insurer (e.g. Deed of Indemnity/Assurance, Bank Guarantee, Personal Guarantee or similar document)? . If yes, please advise when the security was provided, the name of the Insurer to whom it was provided and the amount of any Bank Guarantees. Yes No
 - aware of any circumstances that may give rise to a claim (e.g. any notification of a claim from your current or prior home warranty insurer, or from any current or former client)? Yes No
2. Is your business currently eligible for home warranty insurance with another insurer? If yes, please provide a copy of your current approved 'Eligibility limit', together with a Work in Progress Report (Available from your intermediary). Yes No
3. Do you intend to claim 100% of your input tax entitlements for the GST applicable to future policy premiums? Yes No

If 'No', please advise what percentage you intend to claim %

Section 8 – Applicants Declaration, Signed by all principals, directors or partners (as applicable)

This declaration is to be executed by either the sole business proprietor/all partners in a partnership/sole directors (if only one to sign) or at least two directors of the Company.

I/We declare that:

1. By completing this application and making this declaration, I/we appoint HIA Insurance Services (HIAIS) as our broker for the purposes of applying for eligibility to purchase individual job specific policies for home warranty insurance with the HIAIS Panel of Insurers from time to time (HIAIS Panel). A current list of the HIAIS Panel may be provided to the applicant on request.
2. If any of the information disclosed in this application alters or materially changes, I/we will notify HIAIS immediately.
3. I/we acknowledge that if our application for home warranty insurance is accepted by the Insurer, it is the initial and successive home owners who are eligible to purchase individual job specific policies as beneficiaries and not I/we as the applicant/builder. The Insurer reserves the right to revoke this eligibility at any time in accordance with the Insurer's policies and procedures. For more information, you should refer to the relevant Insurer.
4. HIAIS reserves the right to reject any application for insurance and seek additional information from the applicant as required from time to time.
5. I/we believe that the applicant is currently solvent and in its capacity can meet all of its financial obligations as and when they fall due.
6. I/we have read and understood the Privacy Statement outlined in this application.
7. I/we authorise HIAIS to give to, or obtain from, other insurers or insurance reference bureaus, credit reporting agencies, suppliers, subcontractors and government departments any information about this insurance including this completed application and my/our insurance claims history and my/our credit history.
8. HIAIS Panel may rely and seek the benefit of the declarations contained in this Section 7.
9. I/we declare that all information given in this application and any attachments is true and correct.

Declared by (name of Owner/Director)

Signature

For and on behalf of

Date (dd/mm/yyyy)

Declared by (name of Owner/Director)

Signature

For and on behalf of

Date(dd/mm/yyyy)

HIA Insurance Services Office Details

WA

PO Box 1494, Osborne Park DC, WA 6916
Ph: 1300 800 801 Fax: 08 9443 8166

ACT

GPO Box 2188, Canberra ACT 2601
Ph: 1300 400 401 Fax: 02 6230 0541

SA

PO Box 550, Hindmarsh SA 5007
Ph: 1300 600 601 Fax: 08 8340 7599

Website: www.hiainsurance.com.au

Payment Details for Home Warranty Insurance Application

A fee of \$295 (including G.S.T.), representing services provided by HIA Insurance Services Pty Ltd, is payable on submission of this application form. **Paying by cheque:** please make payable to HIA Insurance Services. **Paying by Credit Card:** Please enter your credit card details in the section below. Credit card transactions will incur a surcharge of 1% for VISA and Mastercard and 2.75% for AMEX, which will be added at the time of payment processing.

Credit Card Type

Mastercard Visa AMEX

Card Number

CCV Number

Card Expiry (mm/yyyy)

Name on Card

Signature

Date (dd/mm/yyyy)

To the extent permitted by law, we may correspond with you by electronic communication unless you instruct us not to do so (and vice versa). Electronic communications, such as emailed credit card information are not always secure and they may be read, copied or interfered with in transit. We are not responsible for any of the risks associated with electronic communication.

Home Warranty Insurance Application - General Insurance Information

CONSTRUCTION WORKS & PUBLIC LIABILITY SECTION

1. Do you have an existing Contract Works, Public/ Products Liability facility? If "Yes", please advise details of Current Insurance Policy/s: Yes No

Name of Insurer: Name of Broker:

Policy Numbers: Expiry Date:

2. **Previous Construction Details** - Actual Turnover for the past 12 Months: \$ Maximum contract value: \$

Policy Limits Required - Estimated Annual Turnover of all construction work: \$ Maximum contract value, any one project: \$

Please select Limit of Annual Public/Products Liability required: \$5mil \$10mil \$20mil

3. (a) Maximum construction period any one contract: (b) Maximum height of construction carried out:

4. Where are your projects usually located? CBD % Suburbs % Rural %

5. Do all the Sub-Contractors that you use have their own Public Liability Insurance? Yes No If so, how is the insurance confirmed:
 Verbally Written Evidence - e.g. Certificate of Currency Other (eg. Subcontract Agreement), please specify:

6. What do you do to ensure the safety and security of your worksites?

7. Please Indicate the percentage of works relating to the following: (Please ensure that figures add to 100%)

Residential - New Dwellings % Alterations/additions % New Pole houses (over 3M) % Flats/Apartments under 5 Storeys %
 Waterfront houses (work less than 10 metres from or around water) % Swimming pools % Flats/Apartments over 5 Storeys %

Commercial - New Retail/Offices % Alterations/additions to Retail/Office % Warehouse/Factories % New Shopping Centres
 Work to Hospitals % Work to Schools/ Universities % Other % Please Specify:

8. **General Property Insurance** - Subject to Policy Conditions. If you wish to extend cover to 24/7 - anywhere in Australia please complete the amounts required below.
Your Annual Construction Works policy has automatic cover for tools whilst on the worksite up to \$20,000.

Tools of Trade and Plant: \$ Unregistered mobile plant of construction vehicles: \$ Mobile Phones: \$ Stock: \$

Laptops/Computers: \$ - Please sepecify details:

9. Do you have in force any other insurance covering any of the risks proposed? If "YES", please specify: Yes No

IMPORTANT INFORMATION

1. Do you carry out any demolition other than freestanding houses: If "YES", please provide details and we will contact you if any cover variation is required. Yes No

2. Do you work with asbestos? (Please Note: this policy does not cover asbestos work)
 If "Yes", you will require additional insurance - Please give details of activity below and we will contact you. Yes No

3. Has any claim been made by you in the last (5) years against an Insurance Company or any type of insurance proposed on this application form or have suffered any losses previously uninsured during this period? If "YES", please provide details. Yes No

4. Has any insurance ever been declined, deferred or accepted on special terms or is such action pending on any section completed on this application form? Yes No

5. Underpinning, shoring & piling of neighbouring structure's need us to refer the work to your insurer.
Please contact us before commencing such work. (A dilapidation report may be required)

6. Excavation greater than 3.5 metres.
Please note the standard policy requires work greater than 3.5 metres to be advised before starting and a geotech report may be required.