

\* denotes mandatory fields

- This form is **NOT** to be used in the case of contractual disputes or termination of contract before the practical completion of the project. In such cases please contact HIA Insurance Services for assistance.
- References in this form to 'builder' & 'building work' include and apply to work undertaken by **trade contractors** and other **building contractors** such as electricians, plumbers, carpenters, swimming pool builders etc.

## Builder Details

Name\* (i.e. the legal name under which you contract and as shown on your Contractor Licence)

Licence No\*      Business Phone No.      Mobile No.      Email (preferred)

At least one form of contact is mandatory.

## Homeowner/ Developer Details

Name/s\*

Phone      Mobile      Email (preferred)

At least one form of contact is mandatory.

## HBCF Insurance Policy and Building Contract Details

Insurance Policy No.\*      Final Contract Amount (Incl. Variations)\*      Date of practical completion (see below)\*

## Site Address as Shown on Certificate of Insurance/ Statement of Cover

Address \*

Suburb / Town \*      State      Postcode  
 NSW     

## Current Street Address (if different to above)

Often for construction work in new developments, the address of the site will only be known by a lot and plan number. On completion, the street address may be known. A correct site address is important in order to be able to identify a property on the [online hbcf Certificates Register](#).

Address \*

Suburb / Town \*      State      Postcode  
 NSW     

## Builder Declaration

I confirm that the project has reached a state of practical completion and that:

- The work is complete except for any omissions or defects that do not prevent the work from being reasonably capable of being used for its intended purpose;
- The final invoice for monies due under the building contract has been issued to the homeowner/developer (where the work was undertaken under a building contract); and
- I/we authorise hbcf to advise the homeowner/developer that practical completion of the project under the *Home Building Act 1989* has been reached.

Name \*

Capacity/Position \*

Signature \*

Date \*

**PLEASE FORWARD YOUR BUILDER PROJECT COMPLETION ADVICE TO HIA INSURANCE SERVICES:**

Post: PO Box 883, North Ryde BC 1670 - Fax: 1300 694 663 or Email: [hiais.ryde.completions@aon.com](mailto:hiais.ryde.completions@aon.com)

If you have any queries in regards to this insurance please contact the HIA Insurance Services Office in your state.

NSW Phone: **1300 200 201** Website: [www.hiainsurance.com.au](http://www.hiainsurance.com.au)