

NSW Residential Builders' Warranty Variation / Certificate Amendment Request



Return form and all supporting documentation to: HIA Insurance Services Pty Ltd, PO Box 883, North Ryde BC NSW 1670
Phone: 1300 200 201 Fax: 1300 694 663 Email: hiais.ryde@aon.com

Section 1 - Certificate information

| | | | |
|------------------------------|-----------------------------|----------------------|----------------------|
| Builder Name | | Contact name | |
| <input type="text"/> | | <input type="text"/> | |
| Email Address | | Contact Phone Number | |
| <input type="text"/> | | <input type="text"/> | |
| Domestic Builders Licence No | Certificate / Policy Number | Name of Insurer | Aon Invoice Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Site address | | State | Postcode |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |

Section 2 - Certificate Variations/Amendments

Misspelling of the owner's name/ mailing address

For errors relating to the owner's name or mailing address (only) please email our office.

Contract Variations

If there is a variation to the contract exceeding the original contract price by 20% a copy of the building contract incorporating the variations must be provided.

Section 3 must be signed by both the Builder and Owner for **all** variation requests. Please note an additional premium may be applicable.

Original Contract Value: \$

New Contract Value: \$

Change of Site Address, Contract Value, Contract Date or Owner's Name

A change to the site address or Owner's Name will require a copy of the contract and proof of the change of address & change of Owner's Name eg. a copy of the annual council rates notice or the council rates instalment notice. For any changes to the contract value or the contract date, a copy of the contract is required. Please list the details of the requested changes below:

Section 3 - Variation Authority

| | | |
|----------------------|----------------------|--------------------------|
| Builder's Name | Builder's Signature | Date Signed (dd/mm/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Owner's Name | Owner's Signature | Date Signed (dd/mm/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

PRIVACY NOTICE

HIA Insurance Services Pty Ltd ('HIAIS') is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in, as set out in the **HIAIS Privacy Notice**.

Unless we hear from you otherwise, through the means set out in the **HIAIS Privacy Notice**, we will assume that you have read the **HIAIS Privacy Notice** and you have no objection to us handing your personal information in the manner set out in this notice (which includes contacting you to promote our products and services we think may be of interest to you).

A copy of the **HIAIS Privacy Notice** can be located on our website www.hiainsurance.com.au

Section 4 - Certificate Variation Fee

Certificate Variations are subject to an Administration Fee of \$82.50 (incl. GST), in addition to any additional premium charged by the Insurer. **Paying by cheque:** please make payable to HIA Insurance Services. **Paying by Credit Card:** Please enter your credit card details in the section below. An Account Servicer will contact you to confirm the amount payable and obtain authorisation to deduct the amount from your credit card. 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.

I authorise the fee / premium of \$ to be deducted from my nominated credit card.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|-----------------------|
| Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX | Card Number | CCV Number | Card Expiry (mm/yyyy) |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name on Card | Signature | Date | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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.