

# DBI - CERTIFICATE OF INSURANCE APPLICATION

## GENERAL INFORMATION

Building Entity (Business Name)

Building Practitioners Registration number

Mobile Number

Fax Number

Email

To receive the certificate for this project via email, please tick this box.

## SITE ADDRESS

Lot number

Unit number/s

Street number

Street name

Street Type

Suburb/Town

State

Postcode

### For Contracts with **THREE** or less properties

- Copies of contracts are **not** required

### For Contracts with **FOUR** or more properties the following supplementary information is required to be attached:

- Copy of the executed Building Contract/s.
- Site plans and ground floor plans.
- Evidence of ownership (subject property must be in the same name as the owner (developer) listed in the building contract) i.e. a copy of a title search of the property and if the developer is not yet the registered proprietor either a copy of signed Transfer of Land or a copy of the signed Contract of Sale.
- Please attach a copy of the final and accepted loan approval as issued by the Financier.
- Please attach evidence of funds if the project is to be fully or partially self funded.

## PRIVACY STATEMENT

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 handling 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](http://www.hiainsurance.com.au)

## PAYMENT DETAILS FOR CERTIFICATE OF INSURANCE

A premium is payable on submission of this application form. Please enter your credit card details in the section below.

### Credit Card Type

Mastercard  Visa

I authorise the fee / premium of \$

to be deducted from my nominated credit card.

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.

## WHERE TO SEND THIS FORM:

**Address:** GPO Box 4897 VV, Melbourne VIC 3001 **Fax:** 03 9654 3277 **Email:** [au.hiaisdbi@aon.com](mailto:au.hiaisdbi@aon.com)

If you have any queries, please call HIA Insurance on the below details.

**Phone Number:** 1800 633 467 **Website:** [www.hiainsurance.com.au](http://www.hiainsurance.com.au)

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# CERTIFICATE OF INSURANCE APPLICATION

## You can now purchase DBI online using this form

From 1 July 2017, Builders can manage and purchase Domestic Building Insurance (DBI) via the online portal BuildVic. Builders who do not wish to purchase DBI via BuildVic will need to complete this form and submit the application to their nominated DBI distributor for processing.



**IMPORTANT**

Your *must* contact the DBI Distributor immediately if there has been any change to your eligibility details. E.g. change in business structure, directors, building practitioners etc.

### Who should complete this form

Builders with current eligibility with the VMIA seeking to apply for DBI cover who have nominated HIA Insurance Services to be their DBI distributor.

### How to use this form

Fill out this form electronically using Adobe Acrobat Reader and email to: [au.hiaisdbi@aon.com](mailto:au.hiaisdbi@aon.com) or print, complete by hand and post to:

HIA Insurance Services Pty Ltd, GPO BOX 4897 V V, Melbourne VIC 3001

If you have any questions or require assistance with this form, please contact your DBI Distributor HIA Insurance Services on **1800 633 467**

## SECTION 1. BUILDER INFORMATION

### Legal entity name

This name must EXACTLY MATCH the Builder named in the building contract. If these details are not correct the VMIA may refer the matter to the Victorian Building Authority (VBA) to enquire into the conduct of the relevant Registered Building Practitioners.

### ABN

### ACN

<input type="text"/>																			
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**Sole Traders or Partnerships:** The ABN provided cannot be associated with a Trust **Companies:** The ACN must be provided

## SECTION 2. PROJECT TYPE

<input type="checkbox"/> C01: New Single Dwelling	<input type="checkbox"/> C03: New Multi-Dwelling Construction	<input type="checkbox"/> C04: Alteration/Additions/Renovations – structural (contains structural works)
<input type="checkbox"/> C05: Swimming pool	<input type="checkbox"/> C06: Refurbishment – Non structural	
<input type="checkbox"/> Other – please specify	<input type="text"/>	

(e.g. landscaping, retaining wall)

### Have works already commenced on this project by another builder?

No  Yes – describe the scope of work to be covered by this certificate of insurance application

(e.g. contract to complete dwelling from frame stage to completion)

**SECTION 3. PROPERTY DETAILS**

Number of properties to be insured at this site

**Site address**

Lot no.  Plan no. (if known)

Unit no/s.  Street no.

Street name  Street type

Suburb  State    Postcode

Please provide details for each property to be insured at this site address

PROPERTY NO.	LOT AND/OR UNIT	VALUE
Property 1	<input type="text"/>	\$ <input type="text"/>
Property 2	<input type="text"/>	\$ <input type="text"/>
Property 3	<input type="text"/>	\$ <input type="text"/>
<b>TOTAL VALUE</b>		\$ <input type="text"/>

**IMPORTANT**

 Attach a separate table should additional space be required. If you are seeking certificates for **four** or more properties the application will require special consideration by the VMIA and will require additional documentation as listed in the Checklist on page 4.

**SECTION 4. CONTRACT DETAILS**

**Type of owner**

Speculative Builder

Estimated contract price for all properties \$ (GST inc.)

SPECULATIVE BUILDER CONTINUE TO SECTION 6. CHECKLIST

Individual/s or Organisations – complete sections below

Building contract date

  /   /    

Estimated start date

  /   /    

Estimated completion date

  /   /    

Total contract price for all properties \$ (GST inc.)

INDIVIDUAL/S AND ORGANISATIONS CONTINUE TO SECTION 5. HOME OWNER DETAILS

**SECTION 5. HOME OWNER DETAILS (AS PER BUILDING CONTRACT)**

**Individual/s**

Individual name/s

First Name	<input type="text"/>	Last Name	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>

**Organisation**

Organisation name

E.g. company, owners corporation name (include owners corporation number) etc

ABN

ACN

Main contact person

First Name	<input type="text"/>	Last Name	<input type="text"/>
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**Contact details**

Owner's email address



**IMPORTANT**

The Owner's email address must be provided. A Certificate of Insurance will be sent to both the Builder and this email address.

Postal address

Street name	<input type="text"/>	Street type	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CONTINUE TO SECTION 6. CHECKLIST

## SECTION 6. CHECKLIST

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**For Contracts with THREE or less properties please:**

- Ensure the form is fully completed
- Ensure you have read, signed and dated the terms and conditions on page 5 (failure to do so may delay your application).

**For Contracts with FOUR or more properties the following supplementary information is required to be attached**

- Copy of the executed Building Contract/s.
- Site plans and ground floor plans.
- Evidence of ownership (subject property must be in the same name as the owner (developer) listed in the building contract) i.e. a copy of a title search of the property and if the developer is not yet the registered proprietor either a copy of signed Transfer of Land or a copy of the signed Contract of Sale.
- Please attach a copy of the final and accepted loan approval as issued by the Financier.
- Please attach evidence of funds if the project is to be fully or partially self funded.

CONTINUE TO SECTION 7. DECLARATION

## SECTION 7. DECLARATION



**IMPORTANT**

This section must be completed by the Registered Building Practitioner or a person who has been nominated by the Builder (and approved by the VMIA) to complete this application on its behalf by the way of execution of a VMIA Nomination and Authority Form.

**I acknowledge, on my own behalf and on behalf of the Builder and its partners and directors, that:**

- VMIA have the right to decline any application for domestic building insurance.
- VMIA reserve the right at all times to seek additional information from the builder and all other parties to this application.
- The details provided in this application are true and correct.
- The business structure has not changed since it made its eligibility application (e.g. change from sole trader to company).
- There has been no change in directors or partners of the Builder since it made its eligibility application.
- At the date of signing of this application, the Applicant is solvent.
- For certificates of insurance issued on or after 1 July 2015, in addition to cover provided in accordance with the Ministerial Order, the owner is also entitled to make a claim if the Applicant fails to comply with a Tribunal or Court Order.
- I have read and agree to the VMIA's terms and conditions for the provision of DBI a copy of which can be found at: [www.dbi.vmia.vic.gov.au](http://www.dbi.vmia.vic.gov.au)

**I authorise, on my own behalf and on behalf of the Builder and its partners and directors:**

(a) the VMIA disclosing the Builder's personal information and the directors and partners of the Builder's personal information and any other information provided by the Builder or directors and partners of the Builder including but not limited to any information contained in any application for eligibility for DBI Insurance or application for DBI Insurance or in relation to any claims or recoveries in relation to DBI Insurance including the Builder's and the directors and partners of the Builder's claims and credit history to or obtaining such information from:

other insurers, insurance intermediaries; DBI Distributors; insurance reference bureaux; credit reference agencies; VMIA's advisers; the Victorian Building Authority, building surveyors, and other authorities, entities or persons established or authorised to regulate or report on the building industry or on building works undertaken or to be undertaken by the Builder; those involved in the claims handling process (including assessors and investigators); those involved in any way in connection with building work insured under any DBI insurance; the owners of any building work undertaken by the Builder which is insured by the VMIA (which may include any successor in title to the owner for whom the work was undertaken); family members or agents authorised by me or the Builder; organisations which conduct customer service surveys on the VMIA's behalf; people making enquiries as to whether the Builder is eligible for DBI insurance and people making enquiries for details of any DBI Insurance issued in respect of a nominated property;

for the purpose of assisting the VMIA and them in providing relevant reporting, regulation, services and products, or for the purposes of litigation;

(b) the VMIA disclosing the following personal and/ or other information to any person:

DBI Insurance policy number; date of certificate of insurance; address of building site; name of Builder; whether a claim has been made; and the amount of any indemnity remaining under the DBI Insurance policy limits.



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**Where to send this form**

EMAIL [au.hiaisdbi@aon.com](mailto:au.hiaisdbi@aon.com)

POST HIA Insurance Services Pty Ltd, GPO BOX 4897 V V, Melbourne VIC 3002