



Please return the completed application form and all requested supporting documentation to your nearest HIA Insurance Services office. Please make sure all questions are completed.

**Email:** [hiais@aon.com.au](mailto:hiais@aon.com.au)

**Website:** [www.hiainsurance.com.au](http://www.hiainsurance.com.au)

**Phone:** 1800 633 467



**CLIENT DETAILS**

Full Names of the Insured (inc. company &/or trading names):

HIA Membership No:

Expiry Date:

Owner Builder Permit No:

**Note:** If you are a registered builder please check the conditions with your home owners warranty providers prior to commencement of works.

Contact Name:

A.B.N. No:

Input Tax Credit:

 %

Postal Address:

State:

Postcode:

Email Address:

Business Phone:

Mobile:

Facsimile:



**SPECIFIC CONTRACT DETAILS**

Address of Construction:

State:

Postcode:

Project Supervised by:

Mortgagee:

Full Description of type of works carried out:

Construction Period:

(The maximum construction period is an initial 12 months, with up to 6 month extension available upon request and subject to additional premium)

Number of Storeys:

Number of Basements:

> **Sum Insured:**

**Construction Value:** \$

**Public Liability - Limit:** \$

**Professional Fees:** 15% of Contract Value

**Fire Extinguishment Costs:** 5% of Contract Value

**Removal of Debris, Demolition Cost:** 10% of Contract Value

**Government Fees:** 15% of Contract Value

**Expediting Expenses:** 10% of Contract Value



## PROJECT DETAILS

1. Any dewatering activities:  NO  YES

If "Yes", please specify:


2. Please give a description of the Sub-soil conditions:


3. What type of foundations are you constructing?


4. What is the distance and nature of the surrounding building(s)?


5. What safety and security measures do you have in place for the worksite?


6. Please list site conditions ie flat, sloping, steep, etc:


7. Is the construction site subject to adverse exposures such as floods, cyclones, actions of sea, land slides etc.?  NO  YES

If "Yes", please specify:


8. Have any of the works commenced?  NO  YES

If "Yes", please specify commencement date, details and value


9. Has any claim been made by you in the last five (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?


## IMPORTANT INFORMATION

**THE FOLLOWING ACTIVITIES ARE NOT INCLUDED AND YOU SHOULD ENGAGE COMPETENT AND EXPERIENCED CONTRACTORS WHO CARRY THEIR OWN INSURANCE.**

1. DEMOLITION
2. ASBESTOS
3. UNDERPINNING, SHORING & PILING OF NEIGHBOURING STRUCTURES.
4. EXCAVATION BELOW 3.5 METRES NEEDS TO BE REFERED.

**5. PLEASE NOTE THE POLICY DOES NOT EXTEND TO INCLUDE SUBCONTRACTORS, PLEASE ENSURE YOU HAVE WRITTEN CONFIRMATION OF THEIR INSURANCE PRIOR TO ENGAGING WORKS.**

## DECLARATION

### FOR PERSONAL APPLICANTS

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

### FOR ALL APPLICANTS

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and

- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

I/We hereby declare that:

- i) My/our attention has been drawn to the important notices affixed to this Proposal Form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature below.
- ii) The above statements are true, and that I/we have not suppressed or misstated any facts and should there be any information given by me /us alter between the date of this proposal form and the inception date of the Insurance to which this proposal relates I/we shall give immediate notice thereof.

I/We hereby acknowledge that my/our duty of disclosure has been brought to my/our notice as per the disclosure notice printed on this Application Form. I/We also declare that the information provided in this application form by me/us is correct in every particular.

<p style="text-align: center;">Signature <span style="float: right;">Date Signed</span></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> </div> <p style="text-align: center;">Print name of signatory:</p> <div style="border: 1px solid black; width: 90%; height: 20px;"></div>	<p style="text-align: center;">Signature <span style="float: right;">Date Signed</span></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> </div> <p style="text-align: center;">Print name of signatory:</p> <div style="border: 1px solid black; width: 90%; height: 20px;"></div>
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## IMPORTANT NOTICES

### DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty under the Insurance Contracts Act, 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer,
- That is of common knowledge,
- That your insurer knows or, in the ordinary course of his business, ought to know
- As to which compliance with your duty is waived by the Insurer.

**Non-Disclosure:** If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

**Subrogation:** Your policy contains a Subrogation clause so that you will not be able to recover under it if you entered into any agreement which excludes or limits your right of recovery from parties: therefore you **MUST NOT** have agreed and **MUST NOT** agree to any of your rights because that will effect Insurers right to recover from those parties.

## PRIVACY STATEMENT

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

### PURPOSE OF COLLECTION

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

### DISCLOSURE

We may disclose your personal information, when necessary and in connection with the purposes listed above, to HIA Insurance Services / Aon Risk Services, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

### CONSEQUENCES IF INFORMATION IS NOT PROVIDED

If you do not provide us with the information we need we will be unable to consider your application for insurance cover and/or administer your policy and/or manage any claim under your policy.

### ACCESS

You can request access to the personal information by contacting us at the address shown on the first page of this application.