

Home Warranty Insurance Application

for Builders under \$3m in Annual Turnover

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
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

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

Street address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone Number	Name of key contact	Mobile Phone Number (of key contact)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Facsimile Number	Email (of key contact)
<input type="text"/>	<input type="text"/>

Domestic Licence No	HIA Membership No	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

States/Territories of operation: NSW VIC ACT SA WA TAS NT QLD

Brief Description of type of work your business undertakes

Do you have an existing Contract Works Insurance with HIA Insurance Services? Yes No If yes, please provide the following:

Policy Number	Renewal Date	Brokers Name
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Breakdown of turnover for the last financial year 30 / 06 /

Domestic Work	\$ <input type="text"/>
Commercial Work	\$ <input type="text"/>
Subcontracting Income	\$ <input type="text"/>
Other Income	\$ <input type="text"/>
Total Income	\$ <input type="text"/>

Section 2 - 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 5 - Statement of assets and liabilities – personal

Please complete this Statement for each Director, Partner and Proprietor of the Business (copy the Table if applicable for multiple parties)
Please list the persons/ parties whose assets and liabilities have been included within the Table.

Name

Assets	Value	Liabilities	Value
Principal residence at <input type="text"/>	\$ <input type="text"/>	Mortgage loan with <input type="text"/>	\$ <input type="text"/>
Other property at (copies of rates notices for each property required)		Mortgage loan with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Motor vehicle's		Vehicle finance with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other investments		Other loans	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Cash at bank with		Credit cards/other loans	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Section 6 - 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 two (2) 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 7 - Checklist

- | | |
|--|---|
| <input type="checkbox"/> Fully completed and signed Application form. | <input type="checkbox"/> Copy of current home warranty eligibility documents and work in progress report (please request work in progress form) |
| <input type="checkbox"/> Evidence of ownership for all property shown in Section 6. | <input type="checkbox"/> Technical References for Architect Design and Multi Unit projects. |
| <input type="checkbox"/> Taxation returns or Company/ Trust financial statements for the past two financial years. | <input type="checkbox"/> Copy of Trust Deed for Trust applicants. |
| <input type="checkbox"/> Copy of the current licence / registration for each of the directors / partners / business proprietors / building practitioners or nominated supervisors. | |

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

 / /

Declared by (name of Owner/Director)

Signature

For and on behalf of

Date

 / /

Section 9 – Privacy Statement

You acknowledge that in order to provide insurance services to you (including evaluating your application; evaluating any request for a change to any insurance requirements; and providing, administering and managing the insurance services following acceptance of your application by any Insurer) (Purpose) we may from time to time collect personal information from you.

In this context, "Personal Information" has the meaning given to it in the Privacy Act 1988(Cth), the National Privacy Principles contained in Schedule 3 to the Act and any regulations, ancillary rules, guidelines, orders, directions, directives or other instrument made or issued under thereunder (Privacy Requirements).

You consent to our collection, use of disclosure of Personal Information for the Purpose. This may involve disclosing your Personal Information to our related bodies corporate, our and your agents and insurers.

We must provide you with access to your Personal Information held by us in accordance with the Privacy Requirements and our Privacy Policy. You may view our Privacy Policy at www.aon.com.au.

You acknowledge that we rely on your representation that you will provide notice and obtain all consents from any individuals that wish to access our services in connection with you (e.g. agents, directors) to allow us to collect Personal Information pursuant to this section.

HIA Insurance Services Office Details

VIC

GPO Box 4897 V V, Melbourne VIC 3001
Ph: 1300 554 227 Fax: 03 9666 0290

NSW

PO Box 883, North Ryde BC 1670
Ph: 1300 200 201 Fax: 02 9808 7233

SA

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

TAS

GPO Box 182, Hobart TAS 7001
Ph: 1300 500 501 Fax: 03 6234 9735

ACT

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

WA

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

Website: www.hiainsurance.com.au

Payment Details for Home Warranty Insurance Application

A fee of \$195 (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, We accept MasterCard and Visa cards only.

Credit Card Type Mastercard Visa

Card Number

Card Exp Date (MM/YY)

 /

Name on Card

Signature