



CONSTRUCTION INSURANCE - "Annual Turnover" Request

POSTAL ADDRESSES	VIC	NSW	SA	WA
Please return the completed application form and all requested supporting documentation to HIA Insurance Services.	GPO Box 4897 V V, Melbourne VIC 3001 Ph: 1300 554 227 Fax: 03 9666 0290	PO Box 883, North Ryde BC 1670 Ph: 1300 200 201 Fax: 02 9808 7233	PO Box 550, Hindmarsh SA 5007 Ph: 1300 600 601 Fax: 08 8340 7599	PO Box 1494, DC, Osborne Park WA 6916 Ph: 1300 800 801 Fax: 08 9443 8166
	TAS GPO Box 182, Hobart TAS 7001 Ph: 03 6234 9770 Fax: 03 6234 9735	ACT GPO Box 2188, Canberra ACT 2601 Ph: 02 6230 4985 Fax: 02 6230 0541	NT PO Box 400, Parap NT 0804 Ph: 08 8981 9400 Fax: 08 8981 1706	QLD PO Box 3061, Sth Brisbane QLD 4101 Ph: 07 3255 3600 Fax: 07 3255 3144

ACCOUNT SERVICER DETAILS (OFFICE ONLY)

Contact Name: _____ Fax No: _____
 Phone No: _____ Email: _____

PLEASE SELECT THE TYPE OF COVER YOU REQUIRE

HIAIS Construction and Warranty Facility (Construction Works, Public/ Products Liability and Builders Warranty Insurances) **complete / read sections 1, 2, 3, 4, 5 & 6**

Construction Works & Public/ Products Liability **complete / read sections 1, 2, 4 & 6**

Both products are offered by HIA Insurance Services and underwritten exclusively by QBE Insurance (Australia) Limited ("Insurer")

SECTION 1 - GENERAL BUSINESS INFORMATION

Name of Business - The Applicant

Trading Name _____ A.B.N. No: _____

Name of Domestic Licence Holder _____ Domestic Licence No _____ Expiry Date _____ / ____ / ____

Name of Commercial Licence Holder _____ Commercial Licence No _____ Expiry Date _____ / ____ / ____

Contact Name: _____ Email Address: _____

Registered Business Address: _____ State: _____ Postcode: _____

Business Phone: _____ Mobile: _____ Facsimile: _____

Business Type (please tick)
 Sole Trader Partnership Company Trust

HIA Membership No: _____ Expiry Date: _____

Brief Description of type of work your business undertakes

Please provide a breakdown of turnover for the past two financial years

Turnover	Financial Year Ending 30/06/	Financial Year Ending 30/06/
Domestic Turnover	\$ _____	\$ _____
Commercial Turnover	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

SECTION 2 - CONSTRUCTION WORKS AND PUBLIC LIABILITY

Do you have an existing Contract Works, Public/ Products Liability facility? YES NO

If "Yes", please advise details of Current Insurance Policy/s:

Name of Insurer: _____ Name of Broker: _____
 Policy Numbers: _____ Expiry Date: _____

SECTION 2 - CONSTRUCTION WORKS AND PUBLIC LIABILITY (Continued)

Estimated Annual Turnover of all construction work: \$

Maximum value of any one contract, any one project: \$

Maximum construction period for any one contract:

Please select Limit of Annual Public/Products Liability required: \$5mil \$10mil \$20mil

Where are your projects usually located? CBD % Suburbs % Rural %

Do all the Sub-Contractors that you use have their own Public Liability Insurance? NO YES

If "yes", how is the insurance confirmed: Verbally Written Evidence - e.g. Certificate of Currency

Other (eg. Subcontract Agreement), please specify:

Please Indicate the percentage of works relating to the following: (Please ensure that figures add to 100%)

> Residential

New Dwellings <input type="text"/> %	Alterations/additions <input type="text"/> %	Flats/Apartments under 5 Storeys <input type="text"/> %
	Swimming pools <input type="text"/> %	Flats/Apartments over 5 Storeys <input type="text"/> %
Waterfront houses (work less than 10 metres from or around water) <input type="text"/> %		New Pole houses (over 3M) <input type="text"/> %

> Commercial

New Retail/Offices <input type="text"/> %	Alterations/additions to Retail/Office <input type="text"/> %
Warehouse/Factories <input type="text"/> %	New Shopping Centres <input type="text"/> %
Work to Schools/ Universities <input type="text"/> %	Other <input type="text"/> %
	Please Specify: <input type="text"/>

Maximum height of construction carried out:

What do you do to ensure the safety and security of your worksites?

> General Property Insurance:

Your Annual Construction Works policy has automatic cover for tools whilst on the worksite up to \$20,000

- Subject to Policy Conditions. If you wish to extend cover to 24/7 - anywhere in Australia please complete the amounts required below.

Tools of Trade and Plant: \$ Unregistered mobile plant of construction vehicles: \$

Mobile Phones: \$ Stock: \$

Laptops/Computers: \$ Please sepecify details:

Do you have in force any other insurance covering any of the risks proposed? NO YES

If "Yes", please provide details:

> Important Information

Does your business carry out any demolition **other** than freestanding houses? NO YES

If "yes", please provide details and we will contact you if any cover variation is required.

Do you work with asbestos? NO YES (Please Note: this policy does not cover asbestos work)

If "yes", you will require additional insurance - **Please give details of activity below and we will contact you.**

Has any claim been made by you in the last (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? NO YES

If "yes", please give details below:

SECTION 2 - CONSTRUCTION WORKS AND PUBLIC LIABILITY (Continued)

Has any insurance ever been declined, deferred or accepted on special terms or is such action pending on any section completed on this application form? NO YES

If "yes", please give details below:

- Underpinning, shoring & piling of neighbouring structure's need us to refer the work to your insurer **Please contact us before commencing such work. (A dilapidation report may be required)**
- Excavation greater than 3.5 metres. **Please note the standard policy requires work greater than 3.5 metres to be advised before starting and a geotech report may be required.**

SECTION 3 - BUILDERS WARRANTY INSURANCE

Annual value of works requiring Builders Warranty: \$ "Eligibility" amount

Annual value of other business income: \$

Total Expected Business Income: \$

State(s) of operation seeking cover: NSW ACT VIC SA WA TAS

> Maximum Job Values:

DWELLING TYPES	MAXIMUM CONTRACT VALUE REQUIRED	ESTIMATED NUMBER TO BE CONSTRUCTED	
Single Dwellings	\$ <input type="text"/>	<input type="text"/>	
Alterations - Non-structural works	\$ <input type="text"/>	<input type="text"/>	
Alterations - Structural works	\$ <input type="text"/>	<input type="text"/>	
Kitchens	\$ <input type="text"/>	<input type="text"/>	
Bathrooms	\$ <input type="text"/>	<input type="text"/>	
Kit Homes	\$ <input type="text"/>	<input type="text"/>	
Swimming Pools	\$ <input type="text"/>	<input type="text"/>	
Multi-Unit - up to 3 levels	\$ <input type="text"/> per contract	<input type="text"/> projects	<i>references may be required</i>
High Rise - 4 or more levels	\$ <input type="text"/>	<input type="text"/>	<i>references may be required</i>

Domestic Building Cycle:

Average Lead Time: weeks

Average Build Time: weeks

> Background Information

1. Have you or any business in which you were involved been placed into external administration, liquidation, receivership or a scheme of arrangement (formal or informal) to repay outstanding creditors? NO YES
2. Have you ever been declared bankrupt or entered into a deed of assignment/composition or been subject to a legal judgement or are currently involved in any legal proceedings? NO YES
3. Are you aware of any information of a material nature that could significantly affect the financial position of your business and influence QBE's acceptance of your application? NO YES
4. Have you or any business in which you were involved ever been insured with another home warranty insurer? NO YES
5. Do you currently have Warranty Eligibility with another Insurer? (attach copy) NO YES
6. Have you or any business for which you were involved ever been declined home warranty insurance? NO YES
7. Has your previous Home Warranty Insurer provider ever paid a claim or are you aware of any circumstances that may give rise to a claim? NO YES
8. Have you previously been disciplined by any Court or Statutory Building Disputes Tribunal which resulted in payment or rectification orders against you or any business in which you were involved? NO YES
9. Do you currently have a bank guarantee or deed of indemnity lodged with any other insurer? NO YES
10. Is the applicant a subsidiary of another entity or have any subsidiary companies? NO YES

If "yes", please give details below:

SECTION 3 - BUILDERS WARRANTY INSURANCE (Continued)

> Statement of Personal Assets and Liabilities: *(photocopy if necessary)*

This section requires completion by the following;

1. sole traders
2. both principals of a partnership
3. company directors
4. trust beneficiaries

Principal / Director / Beneficiary Name:

> assets		> liabilities
Value		Owing
Principal Residence at:		Mortgagee Loan with:
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
Other Property at:	\$	Mortgagee Loan with:
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
Other Property at:	\$	Mortgagee Loan with:
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
Other Property at:	\$	Mortgagee Loan with:
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
Motor vehicle's		Vehicle finance with
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
Other Investments		Other loans
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
Cash at bank with		Credit cards/other loans
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
Work in progress (sole traders only)		Overdraft (sole traders only)
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	
Trade receivables (sole traders only)		Trade payables (sole traders only)
<input style="width: 95%; height: 15px;" type="text"/>		<input style="width: 95%; height: 15px;" type="text"/>
	\$	

Evidence of ownership for all properties listed in this statement of personal Assts & liabilities
(eg recent rates notices will be adequate)

> Financial Information required for all Applicants:

Sole Traders and Partnerships:

- Full taxation returns for the past two financial years

Company's and Trust's seeking eligibility:

- Detailed financial reports and notes to the accounts for the past 2 financial years

SECTION 4 - IMPORTANT INFORMATION

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 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 matters:

- 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 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.

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.

In addition, we will:

- Give you the opportunity to correct your

personal information, or obtain access to it (some restrictions and a fee may apply);

- Provide the Insurers dispute resolution procedures to you in respect of any complaint you may have regarding your personal information.

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

Further information can be obtained by contacting the QBE Compliance Manager by **telephone** (02) 9375 4656 or by **fax** (02) 8275 9022 or **email** to compliance.manager@qbe.com.

BUILDERS WARRANTY ELIGIBILITY (IF APPLICABLE)

1. On issuance of an individual Residential Builders Warranty Certificate, it is the owner who is the insured and not the applicant / builder.
2. I / We have received a copy of the "Residential Builders Warranty Insurance" policy wording and agree on behalf of the applicant to be bound by the terms and conditions contained in it.
3. A Certificate of Insurance cannot be issued until this application has been accepted by the Insurer and a "Letter of Eligibility" issued.
4. On issuance of a "Letter of Eligibility", in the event of a complaint or a claim then the contractor, sole trader, or company and the company directors or partnership and the individual partners are joint and severally liable for the following:
 - To comply with the directions or any judgements made by the Tribunal or Australian Courts to complete or rectify building works.
 - Reimburse the Insurer any amount in respect to a claim paid, which includes any costs or expenses incurred by the Insurer.
5. The Insurer has the right to revoke Eligibility of the applicant to purchase individual Job Specific Policies under certain circumstances.
6. The Applicant authorises the insurer to give to, or obtain from, other insurers or insurance reference bureaus, credit reporting agencies and government departments any information about this completed application and the applicants' insurance claims and credit history.

SECTION 5 - WARRANTY APPLICATION FEE - A fee of \$165 (incl. G.S.T.) is payable on submission of this application form.

Please Note: If paying by cheque please make cheque payable to: **HIA Insurance Services.**

Name of Business

License/Registration No:

Bankcard Mastercard Visa

Card No:

Expiry Date: (mm/yyyy)

Name on Card:

Signature:

SECTION 6 - BUILDER DECLARATION

I / We declare that:

1. I / We have read and understood the "Important Information" outlined in this information which includes the Privacy Statement, Duty of Disclosure Statement and Builders Warranty Eligibility (if applicable).
2. I / We believe that the applicant is solvent and in its capacity can meet all of its financial obligations as and when they fall due.
3. If any of the risk classes denoted under the HIAIS Construction and Warranty Facility are cancelled during the period of insurance, the premium payable may be adjusted by the Insurer.
4. If any of the information disclosed in this application alters or materially changes, I / We will notify the Insurer immediately.
5. I / We declare that all information given in this application and any attachments are true and correct.

Declared by: (print name)

For and on behalf of:

Position:

Signature:

Date:

Declared by: (print name)

For and on behalf of:

Position:

Signature:

Date: