



QBE Builders' Warranty Insurance Application For Job Specific Policy

This application form is to be used where a policy is required for a single dwelling contract, or up to a maximum of three (3) dwellings on the one site in all states and territories.

Section 1: Builders Details

Name of Business		ABN
<input type="text"/>		<input type="text"/>
Building Entity Name (as per contract)		Licence/Registration No.
<input type="text"/>		<input type="text"/>
Office Address		
<input type="text"/>		
Telephone Number	Mobile Telephone Number	
<input type="text"/>	<input type="text"/>	
Are you entitled to claim an Input Tax Credit on the Premium? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, how much – 100% or other? <input type="text"/> %		

Section 2: Home Owner Details (as per contract)

Full Name	Mobile / Telephone Number
<input type="text"/>	<input type="text"/>
Current Address	
<input type="text"/>	
Is there any relationship between the builder and home owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide full details of any related party interests eg. family members, joint venture/land ownership, common directors/shareholders etc.	
<input type="text"/>	
<input type="text"/>	

Section 3: Site Location Details

Address (including Unit Number, Lot Number, Serial Number, Street Number, Street Name, State and Postcode)

Section 4: Permit Authority/Council Details

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

Section 5: Contract Details (Note: Contract price must include GST)

Signed Contract Date	Estimated Start Date	Estimated Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Fixed Price Contract	Cost Plus Contract: Budget	Margin
\$ <input type="text"/>	or \$ <input type="text"/>	<input type="text"/> % or
Project Management: Budget	Management Fee	Speculative Development: Budget
\$ <input type="text"/>	\$ <input type="text"/>	or \$ <input type="text"/>
Margin		<input type="text"/> %
Has Architect/designer tendered project?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please supply details		
<input type="text"/>		
<input type="text"/>		

Section 6: Construction Information/Type

Single dwelling:	Contract <input type="checkbox"/>	Speculative <input type="checkbox"/>	Display <input type="checkbox"/>
Alteration/Addition:	Carports/ Garages <input type="checkbox"/>	Structural Ext. <input type="checkbox"/>	Non Structural <input type="checkbox"/>
Renovations & Improvements:	Kitchens <input type="checkbox"/>	Bathrooms <input type="checkbox"/>	Other <input type="checkbox"/>
Multi-Unit Developments:	Contract <input type="checkbox"/>	Speculative <input type="checkbox"/>	Number of Units <input type="text"/>
Other:	Swimming Pool <input type="checkbox"/>	Kit Homes <input type="checkbox"/>	Landscaping <input type="checkbox"/>
Number of Storeys:	Single <input type="checkbox"/>	Two <input type="checkbox"/>	Three <input type="checkbox"/>

Please provide a brief description of the work

What is the Soil Classification for this site? A S M H P E Other

Name the Geotechnical engineer who classified the site

Name/Address of Engineer preparing the footings

Living area (Square Metres)	<input type="text"/>	Garage/Carport size (Square Metres)	<input type="text"/>
Verandas area (Square Metres)	<input type="text"/>	Type of Construction (e.g slab, BV, tiled roof, etc)	<input type="text"/>
Value of any external or other works included in the contract price	\$ <input type="text"/>	Paving/Landscaping	\$ <input type="text"/>
Fencing/Retaining Walls	\$ <input type="text"/>	Other (e.g swimming pool)	\$ <input type="text"/>
		Give details	<input type="text"/>

Section 7: Builder Declaration and Acknowledgement

I/We declare and acknowledge that:

- The Insurer QBE has the right to decline any Builders Warranty Insurance application
- The Insurer QBE or its Agents reserve the right at all times to seek additional information from the builder and all other parties to this application
- The details as provided in this application are true and correct
- I/We have not been refused or declined Builders Warranty Insurance or any other form of construction insurance in the past
- I/We authorise QBE and its related entities, to collect or disclose any personal information to any other Builders Warranty Insurers, Insurance Reference Services or relevant Statutory Authorities and that where I/we have provided information about another person as in the case of a building owner or employee that this person has been or will be made aware of this
- I/We acknowledge that QBE reserves the right to apply an additional premium in the event of a 20% or greater variation to the original contract price
- I/We declare that as at the date of signing this application that I/we are solvent.

Declared by (name) Position/Title Date

For and on behalf of (company) Signature

Section 8: Payment Method (If paying by cheque please make payable to HIA Insurance Services)

Paying by Credit Card: Please enter your credit card details in the section below, ensuring you pay the total amount including the credit card surcharge as per your premium chart. We accept MasterCard and Visa cards only. **Any changes or corrections must be authorised by the cardholder's signature.**

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

Card Number Card Expiry Date (MM/YYYY)

Name on Card Signature

Section 9: 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: 03 6234 9770 Fax: 03 6234 9735	ACT	GPO Box 2188, Canberra ACT 2601 Ph: 02 6230 4985 Fax: 02 6230 0541	WA	PO Box 1494, Osborne Park DC, WA 6916 Ph: 1300 800 801 Fax: 08 9443 8166