



## 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 (

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  Speculative  Display

Alteration/Addition: Carports/ Garages  Structural Ext.  Non Structural

Renovations & Improvements: Kitchens  Bathrooms  Other

Multi-Unit Developments: Contract  Speculative  Number of Units

Other: Swimming Pool  Kit Homes  Landscaping

Number of Storeys: Single  Two  Three

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 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

<b>VIC</b>	GPO Box 4897 V V, Melbourne VIC 3001 Ph: 1300 554 227 Fax: 03 9666 0290	<b>NSW</b>	PO Box 883, North Ryde BC 1670 Ph: 1300 200 201 Fax: 02 9808 7233	<b>SA</b>	PO Box 550, Hindmarsh SA 5007 Ph: 1300 600 601 Fax: 08 8340 7599
<b>EMAIL</b>	hiais.ryde@aon.com	<b>ACT</b>	GPO Box 2188, Canberra ACT 2601 Ph: 02 6230 4985 Fax: 02 6230 0541	<b>WA</b>	PO Box 1494, Osborne Park DC, WA 6916 Ph: 1300 800 801 Fax: 08 9443 8166