



Residential Builders' Warranty – Insurance Proposal Eligibility Application for Builders up to \$5m in Annual Turnover

Section 1 – General Business Information

Name of Business - The Applicant

Trading Name

ACN/ABN

Business Type:

Sole Trader

Partnership

Company

Trust (*Trust Deed Required*)

Name as shown on Building/Contracting Licence

Licence Number (*please attach copy of relevant licence*)

Date First Obtained

 /

Business Address

Contact Person

Business Telephone Number

Mobile Number

Facsimile Number

Brief Description of type of work your business undertakes

State(s) of operation seeking cover:

NSW

ACT

VIC

SA

WA

TAS

NT

Do you have an existing Contract Works Insurance with QBE? Yes

No

(*Note – A multi-policy discount to your Builders Warranty may apply*)

If yes, please provide the following:

Policy Number

Renewal Date

 /

Brokers Name

Breakdown of turnover for the last financial year

	30 / 06 /
Domestic Work	\$
Commercial Work	\$
Subcontracting Income	\$
Other Income	\$
Total Income	\$

Section 2 – Building Limits

Annual value of works requiring Builders Warranty Insurance

'Eligibility' amount

Maximum Job Values:

	Maximum job value	Number of jobs
Single Dwellings	\$	
Alterations – Non-structural works	\$	
Alterations – Structural works	\$	
Kitchens	\$	
Bathrooms	\$	
Kit Homes	\$	
Swimming Pools	\$	
Multi Units – up to 3 levels	\$ per unit	
Architect Tendered Projects	\$	

2 references required

2 references required

Domestic Building Cycle:

Average Lead Time

weeks

Average Build Time

weeks

Section 3 – Business and Personal Background Information

- 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? Yes No
- 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? Yes No
- Have you disclosed all of the information of a material nature that could significantly affect the financial position of your business and influence QBE's acceptance of your application? Yes No
- Have you or any business in which you were involved ever been insured with another home warranty insurer? Yes No
- Do you currently have Warranty Eligibility with another Insurer? (attach copy) Yes No
- Have you or any business for which you were involved ever been declined home warranty insurance? Yes No
- 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? Yes No
- 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? Yes No
- Do you currently have a bank guarantee or deed of indemnity lodged with any other insurer? Yes No
- Is the applicant a subsidiary of another entity or have any subsidiary companies? Yes No

If you answered yes to any of the above, please provide a brief explanation below

Section 4 – 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

Name of Business – Applicant Name

Assets	Value	Liabilities	Value
Principal residence at		Mortgage loan with	
<input type="text"/>	\$	<input type="text"/>	\$
Other property at <i>(copies of rates notices for each property required)</i>		Mortgage loan with	
<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"/>	\$
Other investments		Other loans	
<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"/>	\$
Work in progress <i>(sole traders only)</i>	\$	Overdraft <i>(sole traders only)</i>	\$
Trade receivables <i>(sole traders only)</i>	\$	Trade payables <i>(sole traders only)</i>	\$

Section 5 – Financial Information

Financial Information required for all Applicants:

check box

Sole Traders and Partnerships

– Full taxation returns for the past two financial years

Company and Trust Applicants

– Accountant prepared financial reports and notes to the accounts for the past two financial years

Section 6 – 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, 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 any 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 its business, ought to know.
- as to which compliance with your duty is waived by the insurer.

Privacy Statement

We are committed to safeguarding your privacy and confidentiality of your personal information. We will only collect personal information from you or about you which is relevant to processing and assessing this application and use it in a way you would reasonably expect.

The personal information collected may include personal details, construction details, financial information and arrangements.

Without this personal information we may not be able to process this application or issue insurance cover.

Section 7 – Checklist

- | | |
|--|---|
| <input type="checkbox"/> Fully completed and signed Application form. | <input type="checkbox"/> Copy of current Warranty Eligibility Certificate if held with another insurer. |
| <input type="checkbox"/> Evidence of ownership for all property shown in Section 4. | <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

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:

- I/we have read and understood the Privacy Statement and Duty of Disclosure Statements outlined in this application.
- I/we acknowledge that on issuance of an individual Residential Builders Warranty Certificate, it is the owner who is the insured and not I/we as the applicant/builder.
- 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.
- 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.
- If any of the information disclosed in this application alters or materially changes, I/we will notify QBE Insurance (Australia) Limited immediately.
- I/we understand that no Certificates of Insurance will be issued until this application has been accepted by QBE Insurance (Australia) Limited and "Letter of Eligibility" issued.
- On the issuance of a "Letter of Eligibility", I/we understand that 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 QBE Insurance (Australia) Limited any amount in respect to a claim paid, which includes any costs or expenses incurred by the insurer.
- QBE Insurance (Australia) Limited reserves the right to revoke eligibility of the applicant to purchase individual Job Specific Policies under certain circumstances.
- I/we declare that all information given in this application and any attachments is true and correct.
- I/we authorise QBE Insurance (Australia) Limited to give to, or obtain from, other insurers or insurance reference bureaus, credit reporting agencies and government departments any information about this insurance including this completed application and my/our insurance claims history and my/our credit history.

Declared by (Name)

For and On Behalf of

Position/Title

Signature

Date

Declared by (Name)

For and On Behalf of

Position/Title

Signature

Date

Section 9: Payment Method - A fee of \$165 (including G.S.T.) is payable.

A fee of \$165 (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 Bankcard, MasterCard and Visa cards only.

Bankcard <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
--------------------------------------	--	----------------------------------

Card Number

Card Expiry Date (MM/YYYY)

Name on Card

Signature

Section 10: 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 514, Adelaide SA 5001
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