



Insurance services

YOUR INSURANCE PARTNER



NewBuilder Access
Warranty Insurance

NewBuilder Access Application

Please return the completed original application form and all requested supporting documentation to the HIA Insurance Services office in your Capital City:

- NEWBUILDER ACCESS IS ONLY AVAILABLE TO NEW ENTRANTS IN THE BUILDING INDUSTRY WHO HAVE NOT TRADED AS A REGISTERED BUILDER PREVIOUSLY.
- COMPANIES & TRUSTS DO NOT QUALIFY FOR THIS COVER.
- POOL BUILDERS DO NOT QUALIFY FOR THIS COVER.
- ARCHITECT TENDERED PROJECTS DO NOT QUALIFY FOR THIS COVER.
- MULTI UNIT DEVELOPMENTS OR DEVELOPER WORK DOES NOT QUALIFY FOR THIS COVER.

The insurer will only issue insurance certificates in the name of the trading entity identified in this application, whether they be a Sole Trader or Partnership.

In all states other than Victoria the building license must be in the same entity as that used in applying for insurance eligibility. ie: Sole Trader - License must be in your name, Partnership - License must be in partnership name.

POSTAL ADDRESSES

VIC PO Box 4897VV, Melbourne VIC 3001
Phone 1300 554 227 • Fax (03) 9666 0290

TAS Level 2, ABC Building, 1 Brooker Highway
Hobart TAS 7000
Phone (03) 6234 9770 • Fax (03) 6234 9735

NSW PO Box 883, North Ryde BC 1670
Phone 1300 200 201 • Fax (02) 9808 7233

ACT GPO Box 2188, Canberra ACT 2601
Phone (02) 6230 4985 • Fax (02) 6230 0541

SA & NT GPO Box 514, Adelaide SA 5001
Phone 1300 600 601 • Fax (08) 8340 7599

WA PO Box 1494 Osborne Park WA 6915
Phone 1300 800 801 • Fax (08) 9443 8166

Website: www.hiainsurance.com.au

> HOW NEWBUILDER ACCESS WILL WORK FOR YOU?


Subject to the insurers approval, that will be based on the information you will provide in this application. Insurers will:


- Allow you to undertake one project to a maximum Contract Value of \$250,000
Note: Jobs over \$100,000 will require you to provide additional skill references from employers in respect of your ability to undertake jobs in this range.
- On completion of this initial project (Certificate of Occupancy) insurers will also require a letter of satisfaction from the Owner which will include comments on workmanship and completion within time frames, etc.
- Once the first project is completed and the paperwork provided insurers will allow you another project, again up to a maximum of \$250,000.
- This process will continue until either a turnover of \$1,000,000 is reached or the first anniversary of the initial cover or at insurer's discretion.

Note: At any stage during this period the Insurers will ask you to provide financial information in respect of the margins achieved on given projects, creditors, debtors, etc - In short to assess that you are financially managing your new business.

As the NewBuilder programme is a 24 month process, in the Second Year, Insurers will:

- Following the process detailed above, at their discretion, allow 2 new jobs for every one job completed, subject to the maximum of \$250,000 any project and \$1,000,000 in annual turnover.
Note: Again Insurers will require the financial reports mentioned above and including evidence that the business is developing and maintaining assets in the business, at any time during this period.
- At the end of the two year period you will be required to go through on of the current assessment processes, either RAW for Sole traders and partnerships, or Full assessment for companies.
- At any stage in the Second Year you can of course request a full assessment to endeavour to change your profile.

 Sighting of COE only required in states where applicable. ie: excluding WA & SA.

 The insurer reserves the right to request a full assessment at any time.

> building experience

Your Building Experience in this industry.

1. Name of Business:

Position held:

Dates Position held:

2. Name of Business:

Position held:

Dates Position held:

ESB

Details of your experience in the Building Industry. ie: Subcontractor Carpenter Bricklayer, etc...

> Section 3 INDUSTRY QUALIFICATION - ACCREDITED COURSES

Please advise details of qualification and attach certificates.

Degree, Diploma or Associate Diploma in Building from Institution:

State:

Year Completed:

Certificate IV in Building & Construction Management (Domestic) from Institution:

State:

Year Completed:

Certificate III in Building Construction, completing an apprenticeship in the trade of:

Institution:

State:

Year Completed:

Course in Small Business Management from Institution:

State:

Year Completed:

Course in Builder Registration from Institution:

State:

Year Completed:

Other relevant qualifications or courses (please list)

Qualification/Course:

Institution:

State:

Year Completed:

Qualification/Course:

Institution:

State:

Year Completed:

ESB

Your Qualification & Accredited Courses must have a copy of certificate to substantiate.

ESB

Please specify in which trade the apprenticeship was completed.

> Section 4 CREDIT REFERENCES

> credit references (please provide the names of 3 building material suppliers who can confirm your credit payment history made)

1. Company:

Telephone:

Facsimile:

2. Company:

Telephone:

Facsimile:

3. Company:

Telephone:

Facsimile:

> Section 5 PERSONAL ASSETS AND LIABILITIES FOR EACH PARTNER OR SOLE TRADER

E23 If business is a partnership, each partner must complete this section.
(photocopy if necessary)

Builder Name: A.B.N. No:

Name of Sole Trader/Partner:

| > assets | Value | > liabilities | Owing |
|--|-------------------------|---|-------------------------|
| Principal Residence at: | <input type="text"/> | Mortgagee Loan with: | <input type="text"/> |
| House at: | \$ <input type="text"/> | Mortgagee Loan with: | \$ <input type="text"/> |
| House at: | \$ <input type="text"/> | Mortgagee Loan with: | \$ <input type="text"/> |
| Business Premises at: | \$ <input type="text"/> | Mortgagee Loan with: | \$ <input type="text"/> |
| Other Properties/Vacant Land at: | \$ <input type="text"/> | Mortgagee Loan with: | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| Motor Vehicles: (make/model/year) | \$ <input type="text"/> | Vehicle Finance with: | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| Other Investments: | \$ <input type="text"/> | Finance with: | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| Cash On Deposit With: | \$ <input type="text"/> | Bank Overdraft with: | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| Business Equipment/Tools of Trade: | \$ <input type="text"/> | Equipment Finance With: | \$ <input type="text"/> |
| | \$ <input type="text"/> | | \$ <input type="text"/> |
| Work In Progress: | \$ <input type="text"/> | Credit Card/Other Personal Debts: | \$ <input type="text"/> |
| Trade receivables, loans and other monies owed to you: | \$ <input type="text"/> | Trade payables, loans and other monies owed by you: | \$ <input type="text"/> |

Declaration: The undersigned declares all of the above information to be true, complete and correct as at the date appearing below. The undersigned states that he/she has never been bankrupt nor has any judgement been obtained or any legal proceeding brought against him/her.

Declared by: (print name)

Signature:

Date:

> Section 6 STATEMENT BY SOLE TRADER AND PARTNERS

1. These statements are to be made in reference to the financials that you must submit with this application. Please refer to Section 8 for the list of supporting documents that must be submitted.
2. The accompanying Statement of Financial Performance (Profit and Loss Statement) is drawn up so as to give a true and fair view of the results of the business for the year ended.
3. The accompanying Statement of Financial Position (Balance Sheet) is drawn up so as to give a fair view of the state of affairs of the business as at
4. As at the date of this statement there are reasonable grounds to believe the business will be able to pay its debts as when they fall due.
5. The accompanying accounts have been prepared in accordance with approved Accounting Standards.

Declared by: (print name) For and behalf of:

Signature: Date: (dd/mm/yyyy)

> Section 7 BUILDER DECLARATION

- I/We acknowledge that if insurance is granted in respect of any building under the policy issued by the insurer, Vero, it is the owner who is insured and not me/us as the applicant/builder.
- I/We confirm that the details on this application form are true and represent a fair and accurate representation of the affairs of the applicant/s.
- I/We acknowledge that the insurers reserve the right to reject any application for insurance and seek additional information from me/us as required from time to time.
- Completion of this application or acceptance by the insurers or their agent does not create any contract of insurance or give the right to insurance. A separate application must be made in respect to each residence.
- The Insurer, Vero, and its officers are hereby authorised (from time to time and at any time) to seek such information as they may require concerning the financial position of the applicant from:
 1. Suppliers of materials and services, or subcontractors and or
 2. Credit reporting agencies.
 3. The Accountant's named in this application and providing financial information on my behalf from time to time. Such Accountant's are authorised and instructed to provide such information to HIAIS, the Insurer, Vero, or their agents as required whenever they requested to do so.
- I/We agree to reimburse Vero for their reasonable costs of investigating any claim. This only applies if I/We act unreasonably in respect to the claim.
- The information the Insurer seeks in this form is important to the Insurer. The Insurer needs it and relies upon it to assess the Applicant(s) eligibility. The Applicant(s) and each person executing the form acknowledge this and further acknowledge that, in the event that the form contains untrue details or gives an inaccurate representation of the affairs of the Applicant(s), the Insurer may cancel eligibility and claim against them for any loss the Insurer suffers.

> entity declaration

1. Declared by: (print name) For and behalf of:

Signature: Date:

2. Declared by: (print name) For and behalf of:

Signature: Date:



