



Insurance services

YOUR INSURANCE PARTNER

BUILDER'S WARRANTY CERTIFICATE REPRINT REQUEST

POSTAL ADDRESSES	VIC	NSW	SA	WA
Please return the completed 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 514, Adelaide SA 5001 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	ACT	NT	QLD
	GPO Box 182, Hobart TAS 7001 Ph: 03 6234 9770 Fax: 03 6234 9735	GPO Box 2188, Canberra ACT 2601 Ph: 02 6230 4985 Fax: 02 6230 0541	PO Box 400, Parap NT 0804 Ph: 08 8981 9400 Fax: 08 8981 1706	GPO Box 65, Brisbane QLD 4001 Ph: 07 3223 7400 Fax: 07 3223 7546

SECTION 1 - CERTIFICATE INFORMATION

Builder Name Domestic Licence No.

Builder Phone Number Certificate / Policy Number Name of Insurer

Site Address: State: Postcode:

SECTION 2 - GENERAL INFORMATION

Owners Name

Contact Phone Number Fax Number Mobile Number

Owners Postal Address: State: Postcode:

Please explain the reason for this request below:

SECTION 3 - CERTIFICATE REPRINT FEE - A fee of \$75 (plus G.S.T.) is payable on submission of this request form.

Please Note: If paying by bank cheque/money order please make cheque for \$82.50 (incl. GST) payable to: **HIA Insurance Services**. We do not accept personal or company cheques.

Name of Business Licence/Registration No:

Bankcard Mastercard Visa

Card No: Expiry Date: (mm/yyyy)

Name on Card: Signature:

Print name: For and on behalf of:

Position: Signature: Date:

VER:11/08/2006