	TO CANCEL A CERTIFICATE	OF INSURANCE
ABOUT THIS FORM		
This form is to be completed by the builder in situations where a and the builder is seeking to cancel the Certificate of Insurance. This form MUST be signed by the BUILDER AND OWNER named o		ABC PLEASE USE CAPITAL LETTERS.
SECTION 1. DETAILS ABOUT THE CERTIFICATE OF INSUR/ Building Entity (Business Name)	ANCE	
Builders Licence Number Contact Name	Contact Phone N	lumber
Policy Number Email Address		
ADDRESS OF THE DOMESTIC BUILDING WORKS Unit number/s Lot number Street number Street na		
Unit number/s Lot number Street number Street na		
Suburb/Town	State	Postcode
SECTION 2. APPLICATION TO CANCEL A CERTIFICATE OF INSURANCE		
A certificate cancellation will only be considered if ALL of the following apply: • The building contract has been terminated. • No works have commenced on the site. • A period of no more than two (2) years has lapsed since the date of insurance. • No monies are owing to any party to the contract. • Mo monies are owing to any party to the contract. • Work has not commenced and no payment has been made to the builder under the contract. • Work has not commenced and no payment has been made to the builder under the contract. • If deposit funds have been paid by an owner and not returned, the Certificate of Insurance cannot be cancelled. • Confirmation in writing from the homeowner (or developer) stating: no "building work" has commenced – this is to be taken as meaning that there has been no commencement of land clearance. • Attach a copy of any document confirming the termination of the contract between the building entity and the owner. Please state the reason for the cancellation of the certificate: Builder's Name Owner's Name Owner's Name Owner's Signature O		
CANCELLATION REFUND To proceed with any potential refund from this cancellation process, we require confirmation of your bank account details for the purposes of Electronic Funds Transfer. Please provide one of the following when returning this form: ✓ Banking details provided on company letterhead; or ✓ Bank Deposit Slip with pre-printed account number and account name; or ✓ Bank Account Statement (transactions obscured); or ✓ A confirming Bank Letter, advising bank account details		
HIA INSURANCE SERVICES PTY LTD - PRIVACY NOTICE HIA Insurance Services Pty Ltd ('HIAIS') is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer promote, provide, manage and administer the many financial services and products we and our group of companies are involved in, as set out in the HIAIS Privacy Notice. Unless we hear from you otherwise, through the means set out in the HIAIS Privacy Notice, we will assume that you have read the HIAIS Privacy Notice and you have no objection to us handing your personal information in the manner set out in this notice (which includes contacting you to promote our products and services we think may be of interest to you). A copy of the HIAIS Privacy Notice can be located on our website www.hiainsurance.com.au		
Return form and all supporting documentation to: HIA Insurance Services Pty Ltd, PO Box 883, North Ryde BC NSW 1670 Phone: 1300 200 201 Fax: 1300 694 663 Email: hiais.hwivariations@aon.com		