

Eligibility Application

for builders up to \$5m in annual turnover

(Form only for Western Australia, South Australia & Australian Capital Territory)

Section 1 - General Information (all applicants to complete)

Name of Applicant business (i.e. legal name under which you contract)

Trading name (s) (please attach a copy of your certificate of Business Registration)

ABN

Date business commenced trading (dd/mm/yyyy)

ACN

The Applicant business trades as a: Sole Trader ☐ Partnership ☐ Company ☐ Trust ☐ Please attach a copy of trust deed

Street address

State

Postcode

Business Phone Number

Name of key contact

Mobile Phone Number (of key contact)

Facsimile Number

Email (of key contact)

Domestic Licence No

HIA Membership No

Expiry Date (dd/mm/yyyy)

States/Territories of operation: ACT ☐ SA ☐ WA ☐

Brief Description of type of work your business undertakes

Do you have an existing Contract Works Insurance with HIA Insurance Services? Yes ☐ No ☐ If yes, please provide the following:

Policy Number

Renewal Date (dd/mm/yyyy)

Brokers Name

Breakdown of turnover for the last financial year

30 / 06 /

Domestic Work

Commercial Work

Subcontracting Income

Other Income

Total Income

Section 2 - Builder licence/registration/accreditation information

Please list all Building licences held by the business entity (including nominated officers)*:

Issuing state	Name on licence	Licence no.	Year first issued	Date of birth

* Nominated officers to include Licensed Supervisors, Practitioners, Directors, Project Managers, Supervisors etc.

Section 3 - Building Limits

Annual value of works requiring Builders Warranty Insurance

\$

Please provide a breakdown of the various types of construction: (Contract price to include GST).

Type of construction	Maximum job value	Number of projects
Single dwelling – new construction	\$	
Dwelling improvements – Structural	\$	
Dwelling improvements – Non-structural	\$	
Units/Villas/Townhouses (per unit)– 6 or more units (not high rise)	\$	
Transportable/Relocatable homes	\$	
Swimming Pools	\$	
Subcontracting (not requiring warranty)	\$	
High rise residential construction	\$	
Other (Please specify)	\$	
Total	\$	

Average construction cycle

Construction Lead-Time (i.e. period from contract signing/deposit taken until starting on site)

weeks

Construction Phase (i.e. period at site until hand over to homeowner/developer)

weeks

Section 4 - Business and personal background information

Where we say “you” in these questions we mean the person applying for this policy in their personal capacity as director, business proprietor, partner, building practitioner or nominated supervisor.

Where there are two or more directors/partners/business proprietors/building practitioners or nominated supervisors then please photocopy and complete this page for each person and attach to the Eligibility Application.

- 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 omitted any 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 Builders Warranty insurer? Yes ☐ No ☐
- Do you currently have Builders Warranty Eligibility with another provider? (If so, please attach a copy of Letter of Eligibility) Yes ☐ No ☐
- Have you or any business in which you were involved ever been declined Builders Warranty Insurance? Yes ☐ No ☐
- Has your previous Builders Warranty Insurance provider ever paid a claim or are you aware of any circumstances that may give rise to a claim? (If so, please attach a copy of current Warranty Eligibility from insurer) 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 lodged with any other insurer? (If so, please indicate the amounts in the space below) Yes ☐ No ☐
- Have you had to provide a deed of indemnity or any other form of security to any other insurer? Yes ☐ No ☐
- Is the applicant a subsidiary of another entity or does it have any subsidiary companies? Yes ☐ No ☐

Please provide details for any of the above questions which have been answered “Yes”

Section 5 - Statement of assets and liabilities – personal

Please complete this Statement for each Director, Partner and Proprietor of the Business (copy the Table if applicable for multiple parties)
Please list the persons/ parties whose assets and liabilities have been included within the Table.

Name

Assets	Value	Liabilities	Value
Principal residence at		Mortgage loan with	
<input type="text"/>	\$	<input type="text"/>	\$
Other property at (copies of rates notices for each property required)		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"/>	\$

Section 6 - Financial Information Required

To enable assessment of your application, we require the following financial information:

- Full and final Financial Statements (being the Profit and Loss Statement with Trading Statement, Balance Sheet, and Notes to Accounts) for the last two (2) financial years. These must be prepared by a suitably qualified Accountant and signed by the Applicant as being true and correct.
- Should the end of the last financial year be more than 9 months ago, we also require, in addition to the above, interim Financial Statements (being the Profit and Loss Statement with Trading Statement, Balance Sheet and Notes to Accounts) for a period of at least 6 months ended since the last financial year-end.
- For Sole Traders only – the Financial Statements required incorporate the Profit and Loss Statement with Trading Statement only (or a copy of the Tax Return as submitted to the Australian Taxation Office), and may exclude a Balance Sheet. All other requirements as above remain unchanged.
- If you have not been actively building for the past 12 months (or longer), please attach a summary of employment for this period along with details of your prior building experience.

Trust type: ☐ N/A ☐ Discretionary ☐ Unit ☐ Fixed ☐ Other

Note: In need, please clarify type with your Accountant/Financial Adviser.

Trust name:

Trustee:

Please provide a signed copy of the Trust Deed.

Section 7 - Checklist

- | | |
|--|---|
| <input type="checkbox"/> Fully completed and signed Application form. | <input type="checkbox"/> Copy of current home warranty eligibility documents and work in progress report (please request work in progress form) |
| <input type="checkbox"/> Evidence of ownership for all property shown in Section 6. | <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, Signed by all principals, directors or partners (as applicable)

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:

1. I/we have read and understood the Privacy Statement and Duty of Disclosure Statements in this application.
2. 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.
3. 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.
4. 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.
5. If any of the information disclosed in this application materially alters or changes, I/we will notify QBE Insurance (Australia) Limited immediately.
6. 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.
7. 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's 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 any Australian court or tribunal 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.
8. QBE Insurance (Australia) Limited reserves the right to revoke eligibility of the applicant to purchase individual Job Specific Policies under certain circumstances.
9. I/we declare that all information given in this application and any attachments is true and correct.
10. 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 of Owner/Director)

Signature

For and on behalf of

Date (dd/mm/yyyy)

Declared by (name of Owner/Director)

Signature

For and on behalf of

Date (dd/mm/yyyy)

Section 9 – Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or

- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Section 10 – Privacy Statement

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 handling 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

HIA Insurance Services Office Details

WA

PO Box 1494, Osborne Park DC, WA 6916
Ph: 1300 800 801 Fax: 08 9443 8166

ACT

GPO Box 2188, Canberra ACT 2601
Ph: 1300 400 401 Fax: 02 6230 0541

SA

PO Box 550, Hindmarsh SA 5007
Ph: 1300 600 601 Fax: 08 8340 7599

Website: www.hiainsurance.com.au

Payment Details for Home Warranty Insurance Application

A fee of \$295 (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. Credit card transactions will incur a surcharge, to view the current card payment/interchange fees please visit the following: aon.com.au/australia/terms_of_business.jsp.

Credit Card Type

☐ Mastercard ☐ Visa ☐ AMEX

Card Number

CCV Number

Card Expiry (mm/yyyy)

Name on Card

Signature

Date (dd/mm/yyyy)

To the extent permitted by law, we may correspond with you by electronic communication unless you instruct us not to do so (and vice versa). Electronic communications, such as emailed credit card information are not always secure and they may be read, copied or interfered with in transit. We are not responsible for any of the risks associated with electronic communication.

Home Warranty Insurance Application - General Insurance Information

CONSTRUCTION WORKS & PUBLIC LIABILITY SECTION

1. Do you have an existing Contract Works, Public/ Products Liability facility? If "Yes", please advise details of Current Insurance Policy/s: Yes ☐ No ☐

Name of Insurer: Name of Broker:

Policy Numbers: Expiry Date:

2. **Previous Construction Details** - Actual Turnover for the past 12 Months: \$ Maximum contract value: \$

Policy Limits Required - Estimated Annual Turnover of all construction work: \$ Maximum contract value, any one project: \$

Please select Limit of Annual Public/Products Liability required: \$5mil ☐ \$10mil ☐ \$20mil ☐

3. (a) Maximum construction period any one contract: (b) Maximum height of construction carried out:

4. Where are your projects usually located? CBD % Suburbs % Rural %

5. Do all the Sub-Contractors that you use have their own Public Liability Insurance? Yes ☐ No ☐ If so, how is the insurance confirmed:
☐ Verbally ☐ Written Evidence - e.g. Certificate of Currency ☐ Other (eg. Subcontract Agreement), please specify:

6. What do you do to ensure the safety and security of your worksites?

7. Please Indicate the percentage of works relating to the following: (Please ensure that figures add to 100%)

Residential -	New Dwellings	Alterations/additions	New Pole houses (over 3M)	Flats/Apartments under 5 Storeys
	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
	Waterfront houses (work less than 10 metres from or around water)	<input type="text"/> %	Swimming pools	Flats/Apartments over 5 Storeys <input type="text"/> %

Commercial -	New Retail/Offices	Alterations/additions to Retail/Office	Warehouse/Factories	New Shopping Centres
	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	
	Work to Hospitals <input type="text"/> %	Work to Schools/ Universities <input type="text"/> %	Other <input type="text"/> %	Please Specify: <input type="text"/>

8. **General Property Insurance** - Subject to Policy Conditions. If you wish to extend cover to 24/7 - anywhere in Australia please complete the amounts required below.
Your Annual Construction Works policy has automatic cover for tools whilst on the worksite up to \$20,000.

Tools of Trade and Plant: \$ <input type="text"/>	Unregistered mobile plant of construction vehicles: \$ <input type="text"/>	Mobile Phones: \$ <input type="text"/>	Stock: \$ <input type="text"/>
Laptops/Computers: \$ <input type="text"/>	- Please sepecify details: <input type="text"/>		

9. Do you have in force any other insurance covering any of the risks proposed? If "YES", please specify: Yes ☐ No ☐

IMPORTANT INFORMATION

1. Do you carry out any demolition other than freestanding houses: If "YES", please provide details and we will contact you if any cover variation is required. Yes ☐ No ☐

2. Do you work with asbestos? (Please Note: this policy does not cover asbestos work) Yes ☐ No ☐
 If "Yes", you will require additional insurance - Please give details of activity below and we will contact you.

3. Has any claim been made by you in the last (5) years against an Insurance Company or any type of insurance proposed on this application form or have suffered any losses previously uninsured during this period? If "YES", please provide details. Yes ☐ No ☐

4. Has any insurance ever been declined, deferred or accepted on special terms or is such action pending on any section completed on this application form? Yes ☐ No ☐

5. Underpinning, shoring & piling of neighbouring structure's need us to refer the work to your insurer.
Please contact us before commencing such work. (A dilapidation report may be required)

6. Excavation greater than 3.5 metres.
Please note the standard policy requires work greater than 3.5 metres to be advised before starting and a geotech report may be required.