

CERTIFICATE OF INSURANCE CANCELLATION FORM

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; and
- no works have commenced on the site; and
- there are no disputes between any parties of the contract; and
- there are no monies owing to any party on the contract.

If deposit funds have been paid by an owner and not returned, the Certificate of Insurance cannot be cancelled.



IMPORTANT

This form **must be completed and signed** by either the Registered Building Practitioner associated with the Builder named on the Certificate of Insurance or the person nominated by the Builder in writing and approved by the VMIA to make applications on behalf of the Builder. If not, the cancellation will not be approved.

Who should complete this form

Builders seeking to cancel a Victorian Managed Insurance Authority (VMIA) insured Domestic Building Insurance (DBI) policy, who have nominated HIA Insurance Services Pty Ltd to be their DBI distributor.

How to use this form

Fill out this form electronically using Adobe Acrobat Reader, sign and witness by hand and email to: hiaisdbi@aon.com or print, complete by hand and post to:

HIA Insurance Services Pty Ltd, GPO BOX 4897 V V , Melbourne VIC 3001

If you have any questions or require assistance with this form, please contact your DBI Distributor HIA Insurance Services on **1800 633 467**

SECTION 1. DETAILS ABOUT THE CERTIFICATE OF INSURANCE

Legal entity name

Registered Building Practitioner (RBP) number associated with the Builder

 -

Policy number

Date Policy issued

 / /

Date of building contract

 / /

Address of the site of domestic building works

Lot no.

Unit no.

Street name

Street type

Suburb

State

Postcode

SECTION 2. OWNER DETAILS

Owner/s named in building contract

First name	<input type="text"/>	Last name	<input type="text"/>
First name	<input type="text"/>	Last name	<input type="text"/>
First name	<input type="text"/>	Last name	<input type="text"/>

Organisation name (if applicable)

Current postal address

Street name	<input type="text"/>	Street type	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email	<input type="text"/>		



IMPORTANT

The Owner's current postal address and email **must** be provided. A notice of Intent to Cancel will be posted to the Owner's postal address.

Please state the reason for the cancellation of the certificate:

You must attach a copy of the VMIA Domestic Building Insurance Certificate 

Failure to provide a copy of the certificate will delay the processing of the application to cancel

CONTINUE TO SECTION 3. DECLARATION

SECTION 3. DECLARATION

This statutory declaration **must be completed and signed** by either the Registered Building Practitioner associated with the Builder named on the Certificate of Insurance or the person nominated by the Builder in writing and approved by the VMIA to make applications on behalf of the Builder. If not, the cancellation will not be approved.

State of Victoria

STATUTORY DECLARATION

I,

[full name]

of

[address]

do solemnly and sincerely declare that:

1. I have the authority to make this application to cancel the Certificate of Insurance on behalf of the Builder.
2. The building contract between the Builder and the owner/s has been terminated.
3. No work has commenced at the Property.
4. No money is owed to any party in relation to the building contract.
5. There are no disputes between any party in relation to the building contract

This declaration is true and correct and I make it with the understanding that a person who makes a false declaration is liable to the penalties of perjury.

DECLARED AT

DATE

/ /

SIGNATURE OF PERSON MAKING THIS DECLARATION



[to be signed in front of an authorised witness]

PRINT FULL NAME

BEFORE ME



Signature of authorised witness

PRINT FULL NAME

The authorised witness must print or stamp his or her name, address and title under section 107A of the *Evidence [Miscellaneous Provisions] Act 1958 as of 1 January 2010*], [previously *Evidence Act 1958*], e.g. (Justice of the Peace, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist).

Where to send this form

EMAIL hiaisdbi@aon.com

POST HIA Insurance Services Pty Ltd, GPO BOX 4897 V V , Melbourne VIC 3001