

Upon approval from the insurer to cancel this certificate, HIAIS will retain all broker service charges contained in the initial premium paid.

| Builder's legal entity name: | | | | | | | |
|--|---------------------|-------------------------|--------|-----------|--------|-----------------------|-----|
| bullder 3 legal entity flame. | | | | | | | |
| | | | | | | | |
| | | В | W | 1 | - | | |
| Insured site address: | | | | | | | |
| Suburb | State | State | | | | Postcode | |
| 343415 | State | | | | | losteode | |
| | | | | | | • | |
| Certificate cancellation requ | irements | | | | | | |
| Please note that a certificate ca | ancellation will on | ly be | appro | oved if | f: | | |
| _ | | | | | | | |
| the building contract ha | | d, | | | | | |
| no works have commer | • | cont | root | | | | |
| no monies are owing to there are no disputes b | | | | ntract | | | |
| there are no disputes b | etween any party | 10 11 | 10 001 | Titl det. | • | | |
| Please check the above boxes of | as applicable. | | | | | | |
| | | | | | | | |
| Reason for the cancellation | | | | | | | |
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| | | | | | | | |
| Print Name (Builder): | Pri | Print Name (Homeowner): | | | | | |
| | | | | | | | |
| | | | | | | | |
| Signature: | Sig | natu | re: | | | | |
| | | | | | | | |
| | | | | | | | - |
| Date: | Da | te: | | | | | |
| | | | | | | | - |
| | | | | | | | |
| LIIA INCLIDANOE CERVICES - R | Naga anguna thia | منامم | ation- | احاد | - o-d | w the e heless entire | |
| HIA INSURANCE SERVICES - P | nease ensure this a | applic | ation | IS 1000 | jea pe | T the below option | IS. |
| SA | | | | | CT | • | |

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