

Builders Warranty Eligibility review application

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

102018

Section 1 - General Business I	nformation					
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)						
BN What date did this business commence trading? 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 Numb	per (of key contact)		
Facsimile Number	Email (of key contact)					
Domestic Licence Number	HIA Membership No	Expiry Date	/			
			/			
States/Territories of operation: ACT	SA WA					
Nominated Supervisor Name						
Licence Number	Licence Number Date of Birth					
		/				
Section 2 - Maximum Annual C	onstruction Limit					
Existing eligibility turnover limit (\$)	Existing eligibility turnover limit (\$) Required Turnover Limit (next 12 months) (\$)					
Г				7		
Category	Existing (\$)	Required	l (\$)	_		
Single Dwelling Contract	\$	\$		_		
Alterations and Additions	\$	\$				
Renovations and Improvements	\$	\$				
Swimming Pools	\$	\$				
Multi-Unit Developments	\$	\$				
Domestic Building Cycle						
Average lead time Average build time						
Average lead time Average build time Weeks Weeks						
WEEKS WEEKS						

Interdediction Control (bit) StateState Luces Autor Control (bit) Control (bit) <t< th=""><th>ids to be con</th><th>Needs to be completed for all projects under construction or where deposits have been taken (please copy this page and attach if additional space is required)</th><th>se copy this page and a</th><th>ttach if additional</th><th>space is required)</th><th></th><th></th><th></th></t<>	ids to be con	Needs to be completed for all projects under construction or where deposits have been taken (please copy this page and attach if additional space is required)	se copy this page and a	ttach if additional	space is required)			
Statutes	me of Builder				Builder/Contr	actor Licence Number		
	ate intract itered into	Site address (If multiple dwellings are being constructed on the one site, please list the site address once and show the number of units	Contract Value (including GST) (\$)	Date work commenced on the work site		Current stage of completion (deposit, Base, Frame, Lock-up, fit-out)	Estimated Cost to complete (\$)	Estimated completion date
		turine)						
-								

Section 4 - Statement of Personal Assets and Liabilities (photocopy this page if more space required)

This Section requires completion by the following (as relevant): 1. Sole Trader 2. Each partner in a Partnership 3. All directors of a company

Name

Assets	Value	Liabilities	Value
Principal residence at		Mortgage loan with	
	\$		\$
ther property at (copies of rates notices for each property	y required)	Mortgage loan with	
	\$		\$
	\$		\$
	\$		\$
Notor vehicle's		Vehicle finance with	
	\$		\$
	\$		\$
	\$		\$
Other investments		Other loans	
	\$		\$
	\$		\$
	\$		\$
Cash at bank with		Credit cards/other loans	
	\$		\$
	\$		\$
Vork in progress (sole trader only)	\$	Overdraft progress (sole trader only)	\$
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rade receivables (sole trader only)	\$	Trade payables progress (sole trader only)	\$
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Trade receivables (sole trader only) ection 5 - Business and personal backg here we say "you" in these questions we mean the perso minated supervisor. here there are two or more directors/partners/business pr	\$ ground information n applying for this policy in their roprietors/building practitioners of	Trade payables progress (sole trader only) personal capacity as director, business proprietor, partr	ner,building practitioner or omplete this page for each
Trade receivables (sole trader only) ection 5 - Business and personal backg here we say "you" in these questions we mean the perso ominated supervisor. here there are two or more directors/partners/business pr trson and attach to the Eligibility Application. Have you or any business in which you were involved been	\$ ground information n applying for this policy in their roprietors/building practitioners o n placed into external administratio	Trade payables progress (sole trader only) personal capacity as director, business proprietor, partr or nominated supervisors then please photocopy and co	ner,building practitioner or omplete this page for each formal or Yes No
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Section 6 - Checklist

Information that you must supply with this application

Sole traders/partnerships

Profit and Loss Statement including Trading Account for the last two financial years (a copy of the full tax return as submitted to the Australian Taxation Office will suffice).

For companies

- Full and final financial statements (profit and loss statement, with trading statement, balance sheet and notes to accounts) for the last two financial years. These must be signed by each of the directors of the company as being true and correct.
- If the current year financial statements are older than six months, a copy of the interim financial statements are required (internally prepared accounts are acceptable providing they are signed by the directors/partners or external accountant as being true and correct and are prepared using a recognised accounting package).
- The requirement of Cash Flow Forecasts, Budgets and/or confirmation of financing arrangements will be at the discretion of underwriters.

Group Structures

If the Applicant is a subsidary of another entity or part of a larger group structure then financial statements (profit and loss statement with trading statement, balance sheet and notes to accounts) for the last two financial years, as prepared by an external accountant, is required for each entity within in the group.

For structures with 'related entity' loans, an explanation of the purpose, term and size of these facilities is required from your external accountant.

For ALL Applicants, please provide (in addition to the above)

- Technical references for architect design and multi-unit projects.
- Evidence of ownership for all assets listed in the Statement of Personal Assets and Liabilities (Section 4).

Is there any further information or matter of a material nature not otherwise disclosed in the application that:

- could significantly affect the financial position of you or the Applicant?
- might influence QBE's acceptance of this application on behalf of the relevant regulator or the terms upon which the application is accepted?
- might influence QBE's decision to issue residential building insurance on behalf of the relevant regulator to the Applicant?

Yes No Please detail further information or relevant matters

Section 7 – Your duty of disclosure

The information you provide in this Eligibility review application is relevant to QBE's decision as to whether to offer future builder's warranty insurance.

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
- $\ensuremath{\bullet}$ 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 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 immediately.
- 6. I/we understand that no Certificates of Insurance will be issued until this application has been accepted by QBE 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 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)	For and on behalf of
Signature	Date/ /
Declared by (name of Owner/Director)	For and on behalf of
Signature	Date

Section 9 – 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 <u>HIAIS Privacy Notice</u>.

Unless we hear from you otherwise, through the means set out in the <u>HIAIS Privacy Notice</u>, we will assume that you have read the <u>HIAIS Privacy Notice</u> 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

WA P0 Box 1494, Osborne Park DC, WA 6916 Ph; 1300 800 801 Fax: 08 9443 8166 ACT GP0 Box 2188, Canberra ACT 2601 Ph; 1300 400 401 Fax: 02 6230 0541 SA P0 Box 550, Hindmarsh SA 5007 Ph; 1300 600 601 Fax: 08 8340 7599

Website: www.hiainsurance.com.au



Home Warranty Insurance Application - General Insurance Information

	INSTRUCTION WORKS & FUBLIC LIABILITY SECTION					
1.	Do you have an existing Contract Works, Public/ Products Liability facility? If "Yes", please advise details of Cu Name of Insurer:	rrent Insurance Policy/s: Yes No				
	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: \$ Maxim	um contract value, any one project: \$				
	Please select Limit of Annual Public/Products Liability required: \$5mil \$10mil \$20mil					
		um height of construction carried out:				
э.	(a) Maximum construction period any one contract: (b) Maxim					
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 Agreemen	nt), please specify:				
6.	What do you do to ensure the safety and security of your worksites?					
7	Disease indicate the persentage of works relating to the following: (Disease answe that figures add to 100%)					
1.	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 %				
	Waterfront houses (work less than 10 metres from or around water) % Swimming pools	% Flats/Apartments over 5 Storeys %				
	Commercial - New Retail/Offices % Alterations/additions to Retail/Office % Warehous	e/Factories New Shopping Centres				
	Work to Hospitals % Work to Schools/ Universities % Other % P	lease Specify:				
	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: Unregistered mobile plant of construction vehicles: Mobile Phones	<u>u</u> .				
	Laptops/Computers: \$ - Please sepecify details:					
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 co	ontact you if any cover variation is required. Yes No				
2.	Do you work with asbestos? (Please Note: this policy does not cover asbestos work)					
	If "Yes", you will require additional insurance - Please give details of activity below and we will contact you.	Yes No				
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 s	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.					
G	Please contact us before commencing such work. (A dilapidation report may be required) Excavation greater than 3.5 metres.					
0.	Please note the standard policy requires work greater than 3.5 metres to be advised before starting an	d a geotech report may be required.				

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