

Residential Builders' Warranty Certificate Cancellation / Variation Request Form

All States excluding Victoria & New South Wales



Section 1 - Certificate information

Builder Name		Contact Phone Number	
<input type="text"/>		<input type="text"/>	
Domestic Licence No	Certificate / Policy Number	Name of Insurer	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Site address (include Lot Number of property if known)		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>

Section 2 - Certificate Cancellation

Cancellation of a certificate can only be made if the building contract has been terminated and no works have commenced on site, no monies are owing and, if a deposit has been paid, it has been refunded less all agreed costs. A letter or statutory declaration signed by both the owner and the builder stating that:

- a) No works have commenced on site
- b) There are no disputes between the relevant parties, and
- c) No monies are owed to either party in relation to the contract.

Please note: On cancellation a refund cheque will be issued to the builder excluding the original certificate administration fee.

Section 3 - Certificate Variations

Contract Variations

If there is a variation to the contract exceeding the original contract price by 20% a copy of the building contract incorporating the variations must be provided. Please note an additional premium may be required.

Change of Building works

If there is a change to the type of building work as stated in the original contract please provide a copy of the building contract including the change of building works.

Certificate Typing Errors

If there is a typing error on your certificate all copies of the certificate must be returned before replacements can be issued. A copy of the contract may also be required. Please list the correction below:

Change of Site Address

If there is or will be a change to the street or lot number and the actual site remains unchanged we will require a copy of the contract and proof of the change of address ie. a copy of the annual council rates notice or the council rates instalment notice. All original certificates must be returned before replacements can be issued.

Other Variations

Please provide a written explanation as to the variation.

Section 4 - Declaration

Declared by (name of Owner/Director)	For and on behalf of	Signature	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 - 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

Section 6 - Certificate Variation Fee

Certificate Variations are subject to an Administration Fee of \$82.50 (incl. GST), in addition to any additional premium charged by the Insurer. 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. An Account Servicer will contact you to confirm the total premium payable and obtain authorisation to deduct the amount from your credit card.

I authorise the fee / premium of \$ to be deducted from my nominated credit card.

Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX	Card Number	CCV Number	Card Expiry (mm/yyyy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on Card	Signature	Date (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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.

OFFICE DETAILS

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