



Builders' Warranty Insurance
Eligibility Application Form

ABN: 96 009 392 125 AFSL: 240867
 Level 8, 33 Argyle Street, Parramatta NSW 2150
 PO Box 1305, Parramatta NSW 2124
 P: (02) 9806 2000 or 1300 553 881 (free call)
 F: (02) 9806 2099

Section 1. Applicant Details

Name of Business - Applicant

Trading Name (if applicable)

Business Type (please indicate by ticking) Sole Trader Partnership Company Trust

State(s) of operation seeking cover: NSW ACT VIC SA WA TAS

Licence Number ABN

Postal Address

 State Postcode

Telephone Mobile

Email Facsimile

Brief Description of type of work your business undertakes

Section 2. Building Limits & Forecast

Annual value of works requiring Builders Warranty Insurance 'Eligibility' amount

Maximum Job Values	Maximum Job Value	Number of Jobs
Single Dwellings	\$	
Alterations - Structural	\$	
Alterations - Non-Structural	\$	
Kitchens/Bathrooms	\$	
Kit Homes	\$	
Swimming Pools	\$	
Multi Units - Up to 3 levels	\$	2 references required
Architect Tendered Projects	\$	2 references required

Section 3. Business & Personal Background Information

1. Have you or any business 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
2. Have you or any business in which you were involved ever been insured with another Home Warranty Insurer Yes No
3. Do you currently have Warranty Eligibility with another Insurer? (attach copy) Yes No
4. Have you or any business for which you were involved ever been declined of Home Warranty Insurance Yes No
5. Has your previous Home Warranty Insurer provider ever paid a claim or are you aware of any circumstances that may give rise to a claim? Yes No
6. 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
7. 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
8. Do you currently have a bank guarantee or deed of indemnity lodged with any other Insurer? Yes No
9. Is the applicant a subsidiary of another entity or have any subsidiary companies? Yes No

If you have answered 'Yes' to any of the above, please provide details and attach any relevant documents

Section 4. Statement of Personal Assets & Liabilities (photocopy if necessary)


This section requires completion by the following: 1. Sole traders 2. Both principals of a partnership 3. Company directors 4. Trust beneficiaries

Name of Business - Applicant Name

--

Assets	Value	Liabilities	Value
Principal Residence at		Mortgage loan with	
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
Other property at (copies of rates notices for each property)		Mortgage loan with	
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
Cash at Bank with		Credit cards/other loans	
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
Other Investments		Other loans	
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
Motor Vehicle's		Vehicle Finance	
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$
Work In Progress (sole traders only)	\$	Overdraft (sole traders only)	\$
Trade receivables (sole traders only)	\$	Trade Payables (sole traders only)	\$

Section 5. Financial Information

 Please attach your profit & loss statements and balance sheets (company) for the last 2 financial years or tax returns (sole traders & partnerships only)

Contacts details of your Accountant

Name

Phone

Section 6. Important Information

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- That diminishes the risk to be undertaken by the insurer.
- That is of common knowledge.
- That your insurer knows or, in the ordinary course of its business, ought to know.
- As to which compliance with your duty is waived by the insurer.

Privacy Statement

We are committed to safeguarding your privacy and confidentiality of your personal information. We will only collect personal information from you or about you which is relevant to processing and assessing this application and use it in a way you would reasonably expect.

The personal information collected may include personal details, construction details, financial information and arrangements.

Without this personal information we may not be able to process this application or issue insurance cover.

Section 7. Declaration & Signature

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 outlined 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 alters or materially changes, I/we will notify the Insurer immediately.
6. I/we understand that no Certificates of Insurance will be issued until this application has been accepted by the Insurer 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 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 the Tribunal or Australian Courts to complete or rectify building works.
 - Reimburse the Insurer any amount in respect to a claim paid, which includes any costs or expenses incurred by the insurer.
8. The Insurer 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 the Insurer 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

Declared By (Name)

Date

Signature

Declared By (Name)

Date

Signature

Declared By (Name)

Date

Signature