



Commercial & General Insurance Brokers (Aust) Pty Ltd

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Builders - Home Warranty Insurance Application Form

IMPORTANT NOTICES

Commercial & General Insurance Brokers (Aust) Pty Ltd (CGIB) is a licensed General Insurance Broker and an accredited Home Warranty Insurance Broker. Your application will be forwarded to our Insurer panel consisting of approved Builders Warranty insurance providers in the States of Vic, NSW, SA & WA requesting them to provide a quote. We will confirm the outcome to you on receipt of their quotations. You may be requested to provide further information. Please feel free to contact us if you would like further details.

COMPLETING THIS FORM

1. Answer all questions. Blanks &/or dashers, or answers 'known to underwriters or brokers' or 'N/A' are not acceptable & will delay consideration of this proposal form;
2. If there is insufficient room to complete a question, please attach a signed & dated addendum;
3. Any documents attached to the proposal form are part of the proposal;
4. Where appropriate, please tick the yes or no box that best indicates your reply.

DEFINITIONS

Insurers: Any insurer from our panel which includes, QBE Insurance (Australia) Limited and Vero Insurance Limited

Insurance Provider: The Insurer from our panel of Insurers whose offer for Insurance has been accepted by the applicant

Eligibility: Approval granted by an Insurer for a builder or his trading entity to submit applications for Insurance for their domestic building contracts. Having Eligibility with an Insurer is a pre requisite to a builder or building entity holding a building licence.

Letter of Eligibility: Letter provided by an Insurer indicating that a builder or their trading entity is eligible to apply for insurance for their domestic building contracts. This Letter of Eligibility does not assure an automatic right of insurance and should not be considered a policy of insurance.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurers every matter which you know, or could reasonably be expected to know, or could reasonably expected to know, is relevant to the Insurer's decision whether to accept the insurance risk and, if so, on what terms. You have the same duty to disclose those matters to the insurers before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer know or, in the ordinary course of business as insurers, ought to know;
- as to which compliance with your duty is waived by the insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

PRIVACY STATEMENT

We and our Insurer panel will only collect personal information from you or about you which is relevant to processing and assessing your application and use it in a way you would reasonably expect. Without this personal information we may not be able to process your application. Please see our privacy policy at: <http://www.cgib.com.au/privacy>.

Also please read the insurers privacy policy at: <http://www.vero.com.au/dir/vero/vero.nsf/Content/PrivacyPolicy> and <http://www.qbe.com.au/Australia/About-QBE/Company-Policies/Privacy-Policy/Insurance.html>

OTHER PRODUCTS & SERVICES

CGIB provide a wide range of general insurance's Construction & Public Liability Insurance.

Please visit us at www.cgib.com.au for further information.

Your Details

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The Applicant	<input type="text"/>		
Website	<input type="text"/>	Date Business Commenced	<input type="text"/>
Trading Name	<input type="text"/>	ABN/ACN	<input type="text"/>
Business Type	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/>		
Contact Name	<input type="text"/>	Business Phone No	<input type="text"/>
Email Address	<input type="text"/>	Mobile Phone No	<input type="text"/>
Business address	<input type="text"/>		
Postal Address	<input type="text"/>		

State of business operation seeking cover NSW VIC ACT SA WA TAS NT

Turnover breakdown last 2 financial years	30 / 06 /	30 / 06 /
Residential Works Turnover	\$	\$
Commercial Works Turnover	\$	\$
Subcontracting Income	\$	\$
Other Income	\$	\$
Total	\$	\$

Your License Details

Are you currently applying for a license? Yes No

If no, name on license	<input type="text"/>	Date license first obtain	<input type="text"/>	License number	<input type="text"/>
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Where did you find us

Internet Yellow Pages I'm an existing CGIB Client A friend or relation An Insurer A Gov Dept Other

Building Limits

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Estimated Annual Turnover of works requiring Home Warranty Insurance?

\$

	Largest Job Value	Number of Jobs
Alterations/Additions (Non Structural)	\$ <input type="text"/>	<input type="text"/>
Alterations/Additions (Structural)	\$ <input type="text"/>	<input type="text"/>
Architect Tendered Projects	\$ <input type="text"/>	<input type="text"/>
Bathrooms	\$ <input type="text"/>	<input type="text"/>
Kit Homes	\$ <input type="text"/>	<input type="text"/>
Kitchens	\$ <input type="text"/>	<input type="text"/>
Multi Units (up to 3 levels)	\$ <input type="text"/> Per unit	<input type="text"/>
Single Dwellings	\$ <input type="text"/>	<input type="text"/>
Swimming Pools & Spas	\$ <input type="text"/>	<input type="text"/>

Average lead time (from sign of building contract to start of work)

Average Build Time

Background Questions

- 01 Have you or any business which you were involved been placed in external administration, liquidation, receivership or entered a scheme of arrangement (formal or informal) to repay outstanding debts with creditors? Yes No
- 02 Have you ever been declared bankrupt or entered into deed of assignment/composition or been subject to a legal judgment or are currently involved in any legal proceedings? Yes No
- 03 Have you or any business for which you were involved in ever had a builder's license refused or cancelled? Yes No
- 04 Have you or any business for which you were involved ever insured with a home warranty insurer? Yes No
- 05 Do you currently have Warranty Eligibility with a Insurer? Yes No
- 06 Have you or any business for which you were involved ever been declined home warranty insurance? Yes No
- 07 Has any previous home warranty insurer ever paid a claim or are you aware of any circumstances that may give rise to a claim? Yes No
- 08 Have you ever been previously disciplined by any Court or Statutory Building Disputes Tribunal that resulted in orders for rectification or payment orders against you or any business for which you were involved? Yes No
- 09 Is the applicant a subsidiary of another entity or have any subsidiary companies including any person or entity associated with the applicant? Yes No
- 10 Do you currently have a bank guarantee or deed of indemnity lodged with any other insurer? Yes No

If yes to any of the above, please provide a brief explanation

Your Statement of Personal Assets & Liabilities

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This must be completed by: Sole Trader All partners of a partnership All Company Directors All Trust Beneficiaries

Name of Sole Trader / Partner /
Company Director:
(photo copy if more than one)

Date of Birth

 / /

ASSETS

VALUE

LIABILITIES

VALUE

Principal residence at

Mortgage loan with

<input type="text"/>	\$	<input type="text"/>	\$
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Other property at

Mortgage loan with

<input type="text"/>	\$	<input type="text"/>	\$
<input type="text"/>	\$	<input type="text"/>	\$

Motor vehicles

Vehicle finance with

<input type="text"/>	\$	<input type="text"/>	\$
<input type="text"/>	\$	<input type="text"/>	\$

Other investments

Other loans

<input type="text"/>	\$	<input type="text"/>	\$
<input type="text"/>	\$	<input type="text"/>	\$

Cash at bank

Credit cards/other loans

<input type="text"/>	\$	<input type="text"/>	\$
<input type="text"/>	\$	<input type="text"/>	\$

Work in progress *(sole traders only)*

Overdraft *(sole traders only)*

Trade receivables *(sole traders only)*

Trade payables *(sole traders only)*

<input type="text"/>	\$	<input type="text"/>	\$
<input type="text"/>	\$	<input type="text"/>	\$

Professional Association Membership

Association Name

Membership Number

Expiry Date

 / /

Multi Policy Discount

We may offer premium discounts on Home Warranty and other Insurances when more than 1 policy is through CGIB.

If you would like to receive a discount, *please tick this box* (conditions may apply – contact our office for details)

Declaration

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I/We hereby declare that:

1. I/We understand that this application will be provided to the Insurers who will reply on the responses provided when determining whether to offer insurance cover. I/we have read the Privacy Statements and Duty of Disclosure Statements outlined in this application.
2. I/We agree to obtain a copy of the Insurance Provider's "Residential Builders Warranty Insurance" policy wording before accepting the Insurance Provider's offer for insurance, and acknowledge that acceptance of that Insurance Provider's offer amounts to an agreement to be bound to the terms and conditions contained in that policy wording.
3. I/We acknowledge that no Certificates of Insurance will be issued until this application has been accepted by an Insurer ("Insurance Provider") and a "Letter of Eligibility" issued.
4. On issuance of a "Certificate of Insurance", it is the owner (and any successors) who is the insured and not I/We as the applicant/builder.
5. The applicant is currently solvent and has the capacity to meet all of its financial obligations as and when they fall due.
6. The Insurance Provider reserves the right to revoke Eligibility of the applicant to purchase any individual "Job Specific Policy" under certain circumstances.
7. I/We declare that all information given in this application and any attachments is true, correct and complete.
8. I/We authorise CGIB and the Insurance Provider to give to, or obtain from, other insurers or insurance reference bureaus, credit reporting agencies and government departments any personal information about us including (without limitation) this completed application and my/our insurance claims history and my/our credit history.

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.

Signature	Name	Title/Position	Date
			/ /
Signature	Name	Title/Position	Date
			/ /

IMPORTANT INFORMATION REQUIRED – *Please attach*

- | | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Company / Trust Financial Statements for the past 2 years | <input type="checkbox"/> Sole-traders &/or partnerships Taxation Returns for past 2 years |
| <input type="checkbox"/> Copy of current Warranty Eligibility if held with another Insurer | <input type="checkbox"/> Evidence of ownership for all property shown in Asset & Liability Statement – Rates Notice or Copy of Title |
| <input type="checkbox"/> Copy of the Trust Deed for Trust Applications | <input type="checkbox"/> Assessment Fee \$220 – See below (includes GST \$20) |

Payment

Card Number	Expiry Date	Name on Card	Amount
	/		\$220