



## Commercial & General Insurance Brokers (Aust) Pty Ltd

Suite 4, 1016 Doncaster Road Doncaster East Victoria 3109

Phone: 1300 764 244

Fax: 03 8841 4299

Email: [home.warranty@cgib.com.au](mailto:home.warranty@cgib.com.au)

Web: [www.cgib.com.au](http://www.cgib.com.au)

AFS License: 231183

ABN: 12 087 001 045

# VIC - Owner Builder - 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 for approval and issue of the insurance certificate. We will confirm the outcome to you on receipt of their assessment. 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;
5. Tab through the fields to enter your reply to each question.

## YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurers, 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>

## OTHER PRODUCTS & SERVICES

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

Please visit us at [www.cgib.com.au](http://www.cgib.com.au) for further information.

## Your Details

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Name(s) of all registered owners of the subject property

Trading or Company Name  
(if applicable)

ABN

Name of Owner Builder as per the building permit or certificate of consent

Owner builder permit/certificate of consent number

Are you entitled to claim an input tax credit on the GST component of the premium applicable to the Policy?

Yes

No

If so, how much, 100% or other?

Contact Name

Phone No

Email Address

Mobile Phone No

Current Postal Address

Forwarding Address after the property sale

## Address of Property for Sale

Unit Number(s)

Lot Number

Street Number

Is there more than one dwelling on the property?

Yes

No

If yes, the number of units

Street Name, State & Post Code

## Where did you find us

Internet

Yellow Pages

I'm an existing CGIB Client

Friend/Relation

An Insurer

A Gov Dept

Other

Name

Address

Permit Issue Date

## Type of Owner Builder Work

Construction of a Dwelling	<input type="checkbox"/>	Dimensions of Work	<input type="text"/>
Renovation of a Dwelling	<input type="checkbox"/>	Commencement of building work	<input type="text" value="/ /"/>
Extension of a Dwelling	<input type="checkbox"/>	Completion of building work	<input type="text" value="/ /"/>
Completion of a Dwelling	<input type="checkbox"/>	Certificate of occupancy date	<input type="text" value="/ /"/>
Construction of a Garage or Carport	<input type="checkbox"/>	Total Cost of Building Work	\$ <input type="text"/>
Construction of a Swimming Pool	<input type="checkbox"/>	Sale Price of the Property	\$ <input type="text"/>
Non Structural Renovation	<input type="checkbox"/>		

Please provide a brief description of the owner builder work undertaken

Please advise if the dwelling is situated in a designated termite area?  
*(if yes, please provide evidence of termite treatment for compliance with AS3660)* Yes  No

Does the owner builder work include upper level decks or balconies?  
*(if yes, please answer the following questions)* Yes  No

- Is there fall? Yes  No
- Is there a drip tray? Yes  No
- Has the membrane been drilled through to install balustrading? Yes  No
- Is there a certificate of any waterproofing undertaken from a licensed waterproofing installer?  
*(if yes, please provide evidence of certificate)* Yes  No

## Details of all Contractors/Persons who have carried out work on the Dwelling

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Must include any licensed waterproofing membrane installer for any bathrooms, balconies, geotechnical engineers, electrician, plumber etc.

**Type of Work**                      **Contractor Name, Address and Telephone No.**                      **Warranty Insurer**                      **Cost of Work**

Electrical			\$
Plumbing			\$
			\$
			\$
			\$

## Second Hand Materials

The legislation may vary according to individual state regulation; the owner builder is required to list in the contract of sale all materials used that are not new.

List all used (not new) materials (including building products, fixtures, fittings, appliances, paving etc) installed by the owner builder, their contractors, subcontractors, or employees in relation to the property.

## Personal Background Information

Have you at any time ever been refused or declined Builders Warranty Insurance?                      Yes     No

Have you purchased Builders Warranty Insurance as an Owner Builder within the last five years?                      Yes     No

Have you ever held a builders/contractor license or registration?                      Yes     No

Have you ever had a claim against you or been directed to repair/replace defective workmanship as a result of a complaint by a homeowner?                      Yes     No

Is there any relationship between the owner builder and the purchaser?                      Yes     No

Have you ever declared bankrupt or entered into a deed of assignment/composition or been subject to a legal judgment or are currently involved in legal proceedings?                      Yes     No

*If you answered 'yes' to any of the above questions please supply full details*

*I/We acknowledge that on issuance of an individual Owner Builder Warranty*

Certificate it is the purchaser and the successors in title to the purchaser who is the insured and not me/us as the applicant/owner builder.

I/We confirm that the information contained in this application is true and correct.

I/We acknowledge that CGIB and the Insurer reserve the right to reject any application for insurance.

I/We acknowledge that CGIB and the Insurer may seek additional information from me/us as required from time to time.

I/We have read and understood the Privacy Statement and Duty of Disclosure sections outlined in the application.

I/We will reimburse the Insurer any monies that the Insurer pays to the Insured in settlement of a claim under the policy if I/We fail to comply with any laws or regulations relating to the building work and/or for used second hand materials which were not declared in this form or to the prescribed building inspector and if not so noted in the prescribed building inspectors report or in contract of sale and/or not carried out the works in a proper and workmanlike manner.

I/We authorise CGIB and the Insurer to give to, or obtain from, other insurers or insurers or insurance reference bureaus, credit reports agencies and government departments any information about this insurance including this completed application and my insurance claims history.

Declared by all Applicants/Owners of the property:

Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

**Companies Trusts & Partnership**

Signature	Print Name	Position Held	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Signature	Print Name	Position Held	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

## IMPORTANT INFORMATION REQUIRED – *Please attach*

- Complete in full, sign and date this application form
- Copy of the Building Permit
- Copy of the termite report (if applicable)
- Payment of premium (see credit card slip overleaf)
- Provide a Defects inspection report (no older than six months)
- Copy of a rate notice or Certificate of Title
- Copy of the Certificate of Occupancy or Final Notice of Completion

