



Residential Builders Warranty Insurance Application for Job Specific Policy

This application form is to be used where a policy is required for a single dwelling contract, or up to a maximum of three (3) dwellings on the one site in all states and territories.

Section 1: Builder's Details			
Name of Business <i>(as per contract)</i>			
Licence/Registration Number			
QBE Policy Number		Contact Telephone Number	()

Section 2: Home Owner Details (as per contract)			
Full Name			
Current Address			
	State		Postcode
Telephone Number	()	Mobile Telephone Number	
Is there any relationship between the Builder and Home Owner?			Yes No
If Yes, please provide full details of any related party interests <i>(e.g. family members, joint ventures/land ownership, directors/shareholding, etc.)</i>			

Section 3: Site Location Details
Address (including Lot Number, Serial Number, Street Number, State and Postcode)

Section 4: Contract Details			
Note: Contract Price must include GST			
Signed Contract Date	Estimated Start Date	Estimated Completion Date	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
Standard Fixed Price Contract	Cost Plus Contract	Margin	
\$ <input style="width: 80%;" type="text"/>	or \$ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/> % or	
Project Management: Budget	Management Fee	Speculative Development: Budget	Margin
\$ <input style="width: 80%;" type="text"/>	or \$ <input style="width: 80%;" type="text"/>	or \$ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/> %
Has Architect/Designer tendered project?			Yes No
If Yes, please supply details.			

Section 5: Construction Information / Type

Single Dwelling:	<input type="checkbox"/> Contract	<input type="checkbox"/> Speculative	<input type="checkbox"/> Display
Alteration and Addition:	<input type="checkbox"/> Structural (load bearing)	<input type="checkbox"/> Non Structural (non load bearing)	
Renovation and Improvement:	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Other
Other:	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Kit Homes	<input type="checkbox"/> Landscaping
Number of Storeys:	<input type="checkbox"/> Single	<input type="checkbox"/> Two	<input type="checkbox"/> Three
Multiple Dwellings:	<input type="checkbox"/> Contract	<input type="checkbox"/> Speculative	<input type="text"/> Number of Dwellings

If more than 3 Dwellings please use the Multi-Unit Application form.

Please provide a brief description of the work.

Soil Classification: If the Soil Classification is **H, P or E** please provide full plans and specifications including the contact details of the Geotechnical Engineer and Footing Design Engineer.

Section 6: Builder Declaration and Acknowledgement

I/We declare and acknowledge that:

- The Insurer QBE has the right to decline any Builders Warranty Insurance application
- The Insurer QBE or its Agents reserve the right at all times to seek additional information from the builder and all other parties to this application
- The details as provided in this application are true and correct
- I/We have not been refused or declined Builders Warranty Insurance or any other form of construction insurance in the past
- I/We authorise QBE and its related entities, to collect or disclose any personal information to any other Builders Warranty Insurers, Insurance Reference Services or relevant Statutory Authorities and that where I/we have provided information about another person as in the case of a building owner or employee that this person has been or will be made aware of this
- I/We acknowledge that QBE reserves the right to apply an additional premium in the event of a 20% or greater variation to the original contract price
- I/We declare that as at the date of signing this application that I/we are solvent.

Declared by (name)

Position/Title

For and on behalf of (company)

Signature

Date

Section 7: Payment Details

Paying by Cheque: Please make cheque payable to The Builders Insurance Broker.

Paying by Credit Card: Please enter your credit card details in the section below. Any charges must be authorised by the cardholder's signature. We accept Mastercard and Visa. (We do not accept American Express or Diners Card.)

Type of Card Mastercard Visa I authorise the premium of \$ to be deducted from my nominated credit card

Card Number / / / Card Expiry Date (MM/YY) /

Name on Card Signature

EFT facility also available: BSB 332 027 Account Number 100 182 841

Section 8: Broker Details (or please affix stamp)

Broker Name (Business)	<input type="text"/>
Contact Person	<input type="text"/>