

**application for home warranty insurance**  
(for licensed builders)



Wesfarmers General Insurance Limited, ABN 24 000 036 279



- Please complete all sections of this application
- You must provide us with documentary evidence when this job is completed
- A fee of \$110 (GST inclusive) will be charged for the cancellation of a certificate issued as a result of this application
- We may ask for proof of funding if this application is for multi-unit developments (more than 3 units and/or project value of more than \$1 million) and single dwellings with a project value of more than \$1 million.

## 1. Applicant Details

Business name (this is the name under which you contract work and which appears on your letter of Eligibility)

Licence number

Licence expiry date

Our reference number

### Site details

Unit number Lot number Street number Street name

   

Suburb

State

Postcode

### Owners Details

Full name (full first and last names must be stated)

Current address (please include full address including state and postcode)

Suburb

State

Postcode

Is the owner in any way related to the builder (e.g. family member)? Yes  No

Estimated start date

 /  / 

Estimated completion date

 /  / 

Estimated construction cost

 \$

Date contract signed

 /  / 

Please provide details of work, if any, to be completed by the owner (as specified in the contract)

## 2. Dwelling Construction Details

Construction of:

a new dwelling  an extension  a renovation or improvement

If renovation, is the work:

structural  or non structural?

Description of works:

### If a single dwelling

Size (sq mtrs) of living area

Number of storeys

Size (sqm) of garage

Attached  Detached

### If a Unit/duplex/villa complex

Size (sq mtrs) of living area

Number of storeys

Number of dwellings

Size (sqm) of garage

Attached  Detached

Are all dwellings covered by one contract?

Yes  No

Is the total contract price divided equally over the number of dwellings?

Yes  No

**Note:** If the size and / or construction cost of each dwelling is different; please provide a separate listing noting the individual address, details as above and cost for each dwelling.

### If Pools and / or Spas

Fibreglass  Reinforced concrete  No spa  Spa attached  Spa detached

Description of works

### Before signing this form

- Ensure that all sections are complete and accurate
- Seek legal advice should you not understand any part of the application or the undertakings you are providing below.

I/We the builder(s) whose name(s) appear on this application, acknowledge and agree that:

- everything in this application is true, correct and complete
- Lumley General (the Insurer), in issuing this Policy, indemnifies the Insured (the owner and successors in title) other than any owner(s) which is a related body corporate of the builder as defined in the Corporations Act 2001, or which has a director or shareholder common with the Builder if neither is a public company
- the Insurer does not indemnify the builder
- I/We agree to abide by and uphold any or all undertakings provided in our Builders Warranty Eligibility application
- I/We have provided all relevant details in relation to this application and the works that the I/we should notify to the Insurer or that may have an influence on the way the application is assessed by the Insurer.

### Signatories

Declared by (print name)

Signature

Date (dd/mm/yyyy)

Declared by (print name)

Signature

Date (dd/mm/yyyy)



**THE BUILDERS**  
INSURANCE BROKER

500 Forest Road PENSURST  
PO Box 12 PENSURST NSW 2222

Ph: 02 9570 5422

1300 769 455

Fax: 02 9579 6680

Email: [builder@buildersbroker.com.au](mailto:builder@buildersbroker.com.au)

[www.buildersbroker.com.au](http://www.buildersbroker.com.au)

## Builders Warranty Certificate Payment Options

The insurer will not allow us to release the Builders Warranty Certificate until we have received payment of the premium.

### Paying By Cheque:

Please make the cheque payable to The Builders Insurance Broker

### Paying By EFT:

BSB: 332 027

Account Number: 100 182 841

Please send a copy of your EFT receipt with your job application

### Paying by Credit Card



Card Number ----- / ----- / ----- / -----

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

Name on Card -----

Signature -----