

1. BROKER DETAILS

Broker Name:

Broking Firm:

Address:

Suburb:

State:

Postcode:

Phone:

Fax:

Email:

2. DETAILS OF THE INSURED

Owner Builder Details:

Email:

Current Residential Address:

State:

Postcode:

Phone:

Property for Sale Address:

Flat/Unit No:

Unit No:

Lot No:

Street:

Suburb:

State:

Postcode:

3. TYPE OF OWNER-BUILDER WORK

Identify the type of work to be insured. For example, if the work includes several types of work eg: Garage, Swimming Pool, then tick boxes 3 and 6.

- Single storey
 Double storey
 Other
1. Construction of a Dwelling
 2. Construction of a Dwelling Extension
 3. Construction of a Garage, Carport
 4. Renovation of a Dwelling
 5. Completion of a Dwelling
 6. Construction of a Swimming Pool

3. TYPE OF OWNER-BUILDER WORK cont'd

Provide a detailed description of Owner Builder work (eg: construction of two storey dwelling with garage)

Floor area of project:

m2

Replacement cost of work \$

Replacement cost of swimming pool \$

(N.B. The replacement cost should reflect the price a licenced builder would charge today to do all the work which is now being insured)

4. DETAILS OF CONTRACTORS WHO CARRIED OUT WORKS GREATER THAN \$16,000

Type of Work	Name	Address	Licence No.

5. APPLICANT HISTORY

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 licence 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 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

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

6. DECLARATION

This declaration must be completed and signed by or on behalf of all parties making this application.

I/we declare that:

- i. the answers and information given by me/us in this proposal are true and correct in all respects and that no information has been withheld which would affect Assetinsure's decision about accepting this insurance and where answers in this proposal are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct
- ii. I/we have read and understood the clauses detailed under the Important Information in this proposal
- iii. if there was insufficient space to fully answer any questions, we have attached ___ supplementary pages providing the additional information required
- iv. I/we authorise Assetinsure to give to, or obtain information from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances
- v. I/we understand that if this Proposal is accepted the insurance cover will be subject to the terms and conditions set out in Assetinsure Owner Builder Warranty Insurance Policy
- vi. I/we further acknowledge that Assetinsure, their agents or employees reserve the right to decline this proposal
- vii. 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
- viii. I/we confirm that the information contained in this application is true and correct
- ix. I/we have read and understood the terms and conditions of the Financial Services Guide
- x. By providing this information and signing this form, you confirm you have the consent of the alternate contact to provide their name and for them to provide your current details if Assetinsure cannot reach you at your usual address

Applicants

Signature: _____

Print Name: _____

Date: / /

Signature: _____

Print Name: _____

Date: / /

Please supply a future forwarding address:

Address: _____

Alternate Contact:

Name: _____

Phone: _____

Address: _____

(to be used only when contact cannot be made with you at your usual address)

Australian Owner Builders Insurance Services Pty Ltd

ABN 95 431 654 AFSL 308 705

Suite 3, 5-7 Peninsula Boulevard

Seaford VIC 3198

Telephone: 1300 850 131

Email: underwriter@aobis.com.au

7. DOCUMENT CHECKLIST

To avoid delays with processing your Warranty Insurance Proposal, use this checklist to ensure you include all the required documentation.

ACT Checklist

1. A completed & Signed Application form
2. Development Approval or Building Permit
3. Certificate of Occupancy or Final notice of Completion
4. Drivers Licence
5. Defect inspection report from an approved inspector with P.I insurance. (no more than 6 months old)

8. IMPORTANT INFORMATION

Duty to take reasonable care not to make a misrepresentation

This policy is subject to the *Insurance Contracts Act 1984* (Cth). Under that Act you have a duty to take reasonable care not to make a misrepresentation.

Before you take out insurance with us you have a duty to take reasonable care to provide honest, accurate and complete answers to our questions. A misrepresentation includes a statement which is false, partially false, or which does not fairly reflect the truth.

If you are not sure of the answers of any of our questions you should check and find out, and contact us if you have any doubts.

If you do not take reasonable care in answering our questions, or inform us of any changes, we may be entitled to:

- reduce our liability for any claim
- cancel the contract
- refuse to pay the claim
- avoid the contract from its beginning, if your failure to comply with your duty was fraudulent

Privacy Statement

Assetinsure respects your privacy and operates at all times in accordance with its Privacy Policy. Any personal information provided by you will be treated in accordance with the *Privacy Act 1988* (Cth). This privacy notification provides a summary of how Assetinsure treats your personal information, and it is recommended that you read Assetinsure's Privacy Policy in conjunction with this notice.

Assetinsure primarily collects your personal information via this form to assess your request for insurance and to administer your policy but may also use this information to settle an insurance claim, provide other insurance services as requested by you, and also to notify you about other Assetinsure services or promotions from time to time.

If you do not provide the information requested, your application may not be capable of being accepted, additional conditions may be imposed on any cover provided or Assetinsure may not be able to administer your policy.

In order to provide its insurance services Assetinsure may need to disclose your personal information to third parties including, but not limited to: agents, underwriters, advisors and brokers; external service providers (such as claims adjustors and lawyers); reinsurers and reinsurance brokers; and the Australian Financial Complaints Authority, or as required by law (for a full list see Assetinsure's Privacy Policy). In the event of a claim, Assetinsure may disclose your personal information (including sensitive information) to overseas reinsurers for the purpose of assessing your claim. Assetinsure will only share information with third parties where Assetinsure reasonably believes it is necessary in assessing your insurance claim and in providing the products and services requested.

In accordance with Assetinsure's Privacy Policy you may obtain access at any time to personal information that Assetinsure or its service providers hold on you. Assetinsure's Privacy Policy contains information about how to access and correct the personal information Assetinsure holds on you and also how to complain about a breach of privacy. If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Assetinsure's Privacy Officer by:

- Phone 02 8274 2898
- Email: privacy@assetinsure.com.au
- Mail: Privacy Officer: Assetinsure, Level 21, 45 Clarence Street, Sydney, NSW, 2000

You can also download a copy of Assetinsure's Privacy Policy by visiting www.assetinsure.com.au/key-policies/privacy-policy/