

BUILDER DETAILS

Name of Builder: *(must be as per Building Contract and Home Warranty Insurance Certificate of Eligibility)*

Name of Registered Building Practitioner: *(Victoria only)*

Builder's Office Address: *(location address – not post office box address)*

Postcode:

Builder's Licence No.:

ABN:

Contact Name:

Phone:

Mobile:

OWNER DETAILS

Name of Owner: *(include full names of all owners as per contract)*

Phone:

Present Address:

Postcode:

Is there any Family or Business *(other than contractual)* relationship between Builder and Owner? (x):

Yes

No

If Yes, please give details:

SITE LOCATION

Unit Number(s): *(if applicable)*

Lot Number(s):

or,

Street Number(s):

If Multi-Units, please advise: Number of Residential Units:

Number of Non-Residential Units:

Address:

Postcode:

(Should this project comprise Multi-Units, with some units having a different Street Address (e.g. corner block), please attach a schedule listing each Unit Number and the Street Address of each unit.)

Certification: *(if Private Certifier, insert name – if Local Council, insert name of Council)*

Address of Certifier/Local Council:

Postcode:

ARCHITECT WORK

Was the project tendered through an architect / designer? (x): Yes No *(If Yes, please provide name and address)*

Name:

Phone:

Address:

Postcode:

PROJECT INFORMATION

Please indicate: (x)

CO1. New Single Dwelling

CO1. Low Rise Unit/Villa/Townhouse

CO3. New Multi Unit – 3 Storeys or Less

CO4. Structural Alterations/Additions

CO5. Swimming Pool Only

CO6. Non-Structural Renovations

CO7. Other – Describe: *(if Other)*

Description of Project: *(brief scope of works summary)*

Number of Storeys:

CONTRACT DETAILS AND VALUE (HOME WARRANTY INSURANCE ONLY APPLIES TO PROJECTS ABOVE \$12,000 VALUE)

Type of Contract: (If this project comprises Multi-Units of mixed Residential and Commercial, insert only the value of the Residential component)

Fixed Price / Lump Sum Contract – Contract Price: \$ (include GST)

Speculative / Display Home – Budget Estimate incl. Normal Builder Margin: \$ (include GST)

Cost Plus / Construction Management – Construction Budget Estimate: \$ (include GST)

Date Building Contract Signed: / /

Estimated Start Date: / /

Estimated Completion Date: / /

Will any of the Progress Payments scheduled under this contract be in excess of 35% of the overall contract value? Yes No

If YES, please give details:

Soil Classification: (x) A S M H E P Other (state other)

Name of Engineer for Footings and Slab design:

 Phone: ()

Address: Postcode:

BUILDER DECLARATION

I/we hereby declare that I/we have not withheld any information likely to effect Calliden's decision to accept this insurance and further, that if I/we pay the premium for the owner's insurance I/we have done so for the owner.

Name:

Signed: Date: / /

PAYMENT OF PREMIUM (PAYMENT MUST BE MADE WITH THIS PROJECT DECLARATION FORM, OR COVER CANNOT BE ISSUED)

Methods of Payment:

1. By cheque.
2. By Credit Card. Please note that only Visa or Mastercard can be accepted. A Credit Card surcharge applies, to cover merchant fees and additional administration costs incurred. Please complete Credit Card details as shown below.
3. By Direct Deposit to our Bank. Please phone us for options and details.

Credit Card Details: (x) Visa Mastercard

Card Number: Expiry Date: /

Amount Authorised: \$

Name on Card: Signed:

RETURN COMPLETED FORMS TO HOME WARRANTY INSURANCE DIVISION:

ADMINISTERED BY:

Master Builders Queensland Insurance Services

A Division of Queensland Master Builders Association
ABN 96 641 989 386 AFS Licence 246834

Master Builders House, 18 Central Park Avenue, Ashmore Queensland 4214

Telephone 1300 13 13 24 Facsimile 1300 13 13 28

warrantyinsurance@masterbuilders.asn.au www.masterbuilderswarranty.com.au

INSURANCE PROVIDED BY:

Calliden Insurance Limited ABN 47 004 125 268 AFS Licence 234438

