

ABN: 22002 566 743 AFS Licence No: 234521

Section 1. Owner Builder Details

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?

 %

Postal Address

	State
	Postcode

Forwarding Address after the property sale

	State
	Postcode

Telephone

Mobile

Telephone - Work

Facsimile

Section 2. 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
	Postcode

Section 3. Permit Authority/Council or Private Certifier

Name

Section 4. Type of Work

Please provide a brief description of the owner-builder work undertaken

Date building work completed:

Total Cost of Building Work

\$	
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Sale Price of the Property (as per Contract of Sale)

\$	
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Section 5. Personal Background Information

- Have you at any time ever been refused or declined Builders Warranty Insurance? 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

Section 6. Owner-Builder Declaration

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 Brookvale reserves the right to reject any application for insurance

I/We acknowledge that Brookvale may seek additional information from me/us as required from time to time

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 the 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 the contract of sale **and/or** not carried out the works in a proper and workmanlike manner.

I/We authorise Brookvale to give to, or obtain from, other insurers or insurance reference bureaus, credit reporting 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:

Signed Date

Print name

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Signed Date

Print name