

QBE Insurance (Australia) Limited 628 BOURKE STREET, MELBOURNE VIC 3000 Phone: (03) 9246 2666 | Fax: (03) 9246 2611 ABN: 78 003 191 035 AFS Licence No: 239545



APPLICATION FOR A JOB-SPECIFIC POLICY

SINGLE DWELLING

ABOUT THIS FORM

This form will help us decide whether to issue a domestic building insurance policy for a single dwelling contract, or up to a maximum of two dwellings on the one site in Victoria.

If we decide to issue a policy to the Applicant, we will rely on the information in this form. You must therefore ensure you answer all questions truthfully.

Who should complete this form?

This form should be completed by businesses (sole traders/partnerships/companies) – hereafter referred to as "the **Applicant**" – seeking domestic building insurance cover for a single dwelling contract, or up to a maximum of two dwellings on the one site in Victoria.

6 ELIGIBILITY WITH QBE/VMIA, WITH ADDITIONAL COVER FROM 1 JULY 2015

The insurance being applied for is issued by QBE Insurance (Australia) Limited (**QBE**) as agent for the Victorian Managed Insurance Authority (**VMIA**) in accordance with the Ministerial Order for Domestic Building Insurance issued under section 135 of the Building Act 1993 (Vic), with additional cover if the Applicant fails to comply with a Tribunal or Court Order for certificates of insurance issued on or after 1 July 2015. The VMIA is a statutory corporation and is the insurer.

INFORMATION DISCLOSED IN THIS FORM AND YOUR PRIVACY

Both QBE and the VMIA are committed to safeguarding your privacy and the confidentiality of your personal information. We will only collect personal information from you or about you which is relevant to processing and assessing this application, administering any domestic building insurance policies which may subsequently be issued, including any claims under such policies, and any recoveries and use it in a way that you would expect. The personal information collected may include personal details, construction details, financial information and arrangements. Without this personal information we may not be able to process this application or issue insurance cover. By providing this personal information to us, you consent to us disclosing your personal information to:

- insurance intermediaries
- insurance reference bureaus
- credit reference agencies
- our advisers
- the Victorian Building Authority or other authorities established to regulate or report on the building industry
- those involved in the claims handling process (including assessors and investigators) for the purpose of assisting us and

them in providing relevant reporting, regulation, services and products, or for the purposes of litigation.

You also consent to us disclosing your personal information to:

- the owners of any building work undertaken by the Applicant which is insured by us
- family members or agents authorised by you
- organisations which conduct customer service surveys on our behalf
- people making enquiries as to whether a nominated builder is eligible for domestic building insurance
- people making enquiries for details of any domestic building insurance issued in respect of a nominated property.
 Such personal information is limited to:
 - o policy number
 - o policy inception date
 - o property address
 - o name of builder
 - o whether a claim has been made
 - o the amount of any indemnity remaining under the policy.

O ACCESS TO YOUR PERSONAL INFORMATION

You can request access to the personal information we hold about you by contacting:

QBE Insurance (Austalia) Limited 628 Bourke Street Melbourne Victoria 3000 Phone: 03 9246 2666

PO Box 18409

Collins St East Victoria 8003 Phone: 1300 363 424



SECTION 1. ABOUT THE APPLICANT

PLEASE USE CAPITAL LETTERS. A B C

▲ Important: You MUST notify QBE immediately if the answ	ver is Yes to any of the following over the last 12 months:
Has the Applicant's business structure changed (e.g. change from a	sole trader to a company?) $oxtimes$ No $oxtimes$ Yes
Have any of the directors or partners of the business changed?	⊠ No ⊠ Yes
Has there been a change to any of the Registered Building Practition	ners associated with the Applicant? 💮 No 🖂 Yes
Is this contract for completion of building works commenced by another	ther builder?
QBE Policy no: What is the name of the building entity (business) for which cover is	ding Practitioners Registration number: Sought ("the Applicant")?
⚠ This name must EXACTLY MATCH the building contract. If these de Practitioners Board to enquire into the conduct of the relevant register	
ACN: AB	N:
Business address:	
	State: Postcode:
Mobile: Email:	
Is the Applicant entitled to claim an Input Tax Credit on the GST com ☑ No ☑ Yes → How much – 100% or other?	ponent of the premium applicable to the policy?
SECTION 2. HOME OWNER DETAILS (AS	PER THE BUILDING CONTRACT)
Owner 1 Last name: Current address:	First name/s:
	State: Postcode:
Owner 2 Last name:	First name/s:
Current address:	
	State: Postcode:

Owner 3 Last name:	First name/s:
Current address:	
	State: Postcode:
	otato.
Is there any relationship between the homeowner and the directors/shareholders etc.)?	Applicant (e.g. family member, joint venture/land ownership, common
	ship
SECTION 3. SITE LOCATION DETAIL	LS
Lot number: Unit number/s: Street numb	per: Street name:
Suburb/Town:	State: Postcode:
SECTION 4. CONTRACT DETAILS	
▲ Contract price must include GST	
Signed contract date: Estimated s	tart date: Estimated completion date:
D D / M M / Y Y Y Y D D /	MM/YYYY DD/MM/YYYY
Standard fixed price contract: OR Standard fixed price contract: \$	M M / Y Y Y D D / M M / Y Y Y Ontract: Budget
\$	MM/YYY DD/MM/YYYY
	MM/YYY DD/MM/YYYY
\$ Speculative development: Estimated value \$	MM/YYY DD/MM/YYYY
\$ Speculative development: Estimated value \$ Please state the category of works being completed:	m m / y y y D D / m m / y y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y y D D / m m / y y y D D / m m / y y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m m / y y y D D / m / y D D
\$ Speculative development: Estimated value \$	MM/YYY DD/MM/YYYY
\$ Speculative development: Estimated value \$ Please state the category of works being completed: New single dwelling/s Alteration – structural	ontract: Budget Alteration – non-structural
\$ Speculative development: Estimated value \$ Please state the category of works being completed: New single dwelling/s Alteration – structural Swimming pool Carport/Garage	mm/yyyyy contract: Budget Alteration – non-structural Other, please list:
\$ Speculative development: Estimated value \$ Please state the category of works being completed: New single dwelling/s Alteration – structural Swimming pool Carport/Garage	ontract: Budget Alteration – non-structural
\$ Speculative development: Estimated value \$ Please state the category of works being completed: New single dwelling/s Alteration – structural Swimming pool Carport/Garage Please provide details and value of any non-residential wo	mm/yyyyy contract: Budget Alteration – non-structural Other, please list:
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SECTION 5. INFORMATION CHECKLIST AND APPLICANT'S DECLARATION

The following information	tion/documentation must accompany this application.
7 days of the building co	
	in the building contract that contain:
_	acting parties » Date of the contract » Contract price N/ABN on contract must exactly match details in Section 1. If not, a policy will not be issued.
▲ This section must be concerned as Applicant if you are a section	ompleted by a Registered Building Practitioner who is a director or partner of the Applicant; OR the ole trader and a Registered Building Practitioner; OR a person who has been nominated by the this application on its behalf by way of execution of the QBE/VMIA Nomination and Authority form.
	ny circumstance since the Applicant applied for eligibility for DBI insurance that may give rise to a claim in respect of any domestic building work?
⊠ No ⊠ Yes →	Please provide details:
	rectors or partners of the Applicant who are building practitioners, or, if the Applicant is a sole trader, has g practitioner — been cancelled, suspended or varied since the Applicant applied for eligibility for domestic
× No × Yes →	Please provide details:
could significantly affect tmight influence QBE's acc	on or matter of a material nature not otherwise disclosed in this application that: he financial position of you or the Applicant? eptance of this application on behalf of the VMIA or the terms upon which the application is accepted? ision to issue domestic building insurance on behalf of the VMIA to the Applicant?
⊠ No ⊠ Yes →	Please detail further information or relevant matters:
 QBE and the VMIA reserve the The details provided in this ap At the date of signing of this a For certificates of insurance is 	that to decline any Application for a Job Specific Policy. right at all times to seek additional information from the Applicant and all other parties to this application. solication are true and correct. soplication, the Applicant is solvent. seed on or after 1 July 2015, in addition to cover provided in accordance with the Ministerial Order, the owner is also entitled to make a comply with a Tribunal or Court Order.
Building Authority or other authorit investigators) and those involved in including those people making enqu	ive to, or obtain from, other insurers or insurance reference bureaux, credit reporting agencies, their advisers, the Victorian es established to regulate or report on the building industry, those involved in the claims handling process (including assessors and any way in connection with building work insured under any domestic building insurance policy issued as a result of this application, irries as identified on page 1 of this form, any information about or contained in this application, any domestic building insurance policy s and recoveries, including this completed application and my and the Applicant's claims and credit history.
Declared by (name):	
Position/title:	
For and on behalf of (name of Applicant entity):	
Signature:	Date:
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