

1. BROKER DETAILS

Broker Name:

Broking Firm:

Address:

Suburb:

State:

Postcode:

Phone:

Fax:

Email:

2. DETAILS OF THE INSURED

Owner Builder Details:

Trading Name:

Current Residential Address:

State:

Postcode:

Phone:

Email:

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 @ current day rates \$

Replacement cost of swimming pool @ current day rates \$

(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 \$12,000

Type of Work	Name	Address	Licence No.
Bricklayer (if used and available)			
Carpenter (if used and available)			
Plasterer (if used and available)			

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 Calliden'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 Calliden 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 Calliden Owner Builder Warranty Insurance Policy
- vi. I/we further acknowledge that Calliden, 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 Calliden 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 (Optional):

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

7 Peninsula Boulevard

Seaford VIC 3198

Telephone: 1300 850 131

Email: underwriter@aobis.com.au

THIS PRODUCT IS ISSUED BY Calliden Insurance Ltd
ABN 47 004 125 268 AND AFS Licence No 234438

7. DOCUMENT CHECKLIST

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

Victoria Checklist

1. Arrange a 137B inspection/defects report and attach copy (To engage an accredited inspector see www.aobis.com.au)
2. Owner Builder to complete and sign proposal form
3. Attach a copy of the building permit
4. Attach a copy of the Certificate of Occupancy or Final Inspection Certificate

8. IMPORTANT INFORMATION

Duty of Disclosure

This policy is subject to The Insurance Contracts Act 1984. Under that Act you have a Duty of Disclosure.

Before you take out insurance with us you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same legal duty to inform us of those things before you renew, extend, vary, or reinstate your contract of general insurance.

Your duty however does not require disclosure of things that:

- reduce the risk
- are common knowledge
- we know or, in the ordinary course of our business, ought to know, or
- we have indicated we do not want to know.

If you do not comply with your Duty of Disclosure, 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 non-disclosure was fraudulent

Privacy Statement

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348 Milsons Point NSW 1565