

APPLICATION FOR LATENT DEFECT INSURANCE

OWNER BUILDER APPLICATION

- This application is designed for any person seeking Latent Defect Insurance for where works are performed by an Owner Builder.
- Please fully complete the application form. If the application is not fully completed, we may need to seek additional information which will likely delay the assessment and issue of any cover for the project.
- If the works are not performed by an Owner Builder, please complete the Application for Latent Defect Insurance for individual building projects.

Section 1: Who is the Owner Builder?

Owner Builder(s) Name

Owner Builder(s) Address

Suburb State Postcode

Contact Name Phone Email

Who are you in respect of the project?

Owner Builder Owner Other Specify if other:

Important notes: 1. If you're making this application as a representative of the above, please provide written confirmation of your authority to make the application.
 2. If you are not the owner builder, please provide your Name, Address and contact details below.

Complete only if you are not the Owner Builder

Applicant(s) Name

Applicant(s) Address

Suburb State Postcode

Contact Name Phone Email

Section 2: Location of the project

What is the property Address of the Works requiring Latent Defect Insurance?

Lot No.: Street No.: Street Name

Suburb State Postcode

Section 3: The cost of the work, estimated commencement and completion

What is the cost of all works to be completed for the owner builder project? \$

Date the work will commence? Have the building works commenced? Yes No

If works commenced, what date did they start? Percentage of the works completed %

Note: If works are commenced, we will require a report for those works performed. We will advise what report is required to complete the assessment.

Estimated date of completion of the building work Please note, works must be completed within 3 years

Section 4: The Works

Type of Work
 Construction of new building / home Renovation
 Alteration/Addition of existing building / home Other

Type of Building
 Residential home (<4 storeys) Multi-Unit dwellings Duplex / Triplex
 Residential High-Rise (>3 storeys) Other

Note: Low Rise means a building with a rise in storeys of 3 or less. High-Rise is greater than 3 storeys

Please provide a description of the works that are performed on the building to which Latent Defect Insurance is required

Is there an architect involved in the construction works? Yes No

Name of Authority / Business that approved commencement of Building Works

What inspections are required to achieve completion of building works? *This will align with the requirements set out in the building approval*

No.	Stage of works and/or date mandatory inspection is required?
1	
2	
3	
4	
5	
6	

Note: If more room is required to identify all mandatory inspections, please list on a separate page and provide that document with this application

Is there a slope across the land where the works are being performed? Yes No

Fall in metres across the property and direction of slope Mtrs

Note: Best as described as front to back, back to front or right to left as an example

Number of storeys Is it a Kit Home? Yes No Is it a Transportable home? Yes No

Does the building work include?
 Basement or Attic Yes No Garage or carport Yes No Mtrs
 Separate Granny Flat Yes No Swimming pool Yes No Mtrs

Floor Construction
 Bearers and joists Yes Pole construction Yes
 Concrete Slab on strip footings Yes Concrete Slab on ground Yes
 Other Yes If Yes, describe

Section 4 (continued): The Works

Wall Construction	Brick / Block Veneer Yes <input type="checkbox"/>	Timber Boards / Weatherboard Yes <input type="checkbox"/>
	Block Masonry Yes <input type="checkbox"/>	Other Yes <input type="checkbox"/> If Yes, describe <input type="text"/>

Additional Detail	Air-conditioning Yes <input type="checkbox"/> No <input type="checkbox"/>	Central Heating Yes <input type="checkbox"/> No <input type="checkbox"/>	Solar Yes <input type="checkbox"/> No <input type="checkbox"/>
	Balcony Yes <input type="checkbox"/> No <input type="checkbox"/>	Surface <input type="text"/>	Veranda / Patio Yes <input type="checkbox"/> No <input type="checkbox"/>
	External Cladding Yes <input type="checkbox"/> No <input type="checkbox"/>	Type? <input type="text"/>	Polyethylene % <input type="text"/> %

Section 5: Checklist, additional documentation and information requirements

Important Note: Specific information is required to complete assessment of this application. Please ensure that all information requested is provided. If we do not have the information required, assessment of your request may be delayed or we may not be able to provide Insurance.

Building works information – Section 4

Have all questions in this sub-section been completed Yes NA

Attach a copy of the authority to build (Building Permit, Development Consent etc) Yes

Attach (A4 or A3 – PDF) copy of the building plans Yes

Section 6: Applicant history

- Has any person associated with the person making this application (Associated Person), ever had a builder's licence refused, suspended or cancelled in any State or Territory? Yes No
- Has any Associated Person or any Related Business ever been declined insurance? Yes No
- Has any there been, within the past 10 years, any proceedings brought in any Tribunal or Court in any State or Territory by any person or entity, against any Associated Person? Yes No
- Has any Associated Person been a director, partner, major shareholder (being greater than 15% shareholding), or manager of or in any business that was placed in external administration, liquidation, receivership, or entered any kind of agreement to repay outstanding debts with creditors? Yes No
- Has any Associated Person been in bankruptcy, or under a Trustee in Bankruptcy, or been subject to any agreement for, or to avoid bankruptcy? Yes No

Important note: if the answer to any of the questions in this section is "Yes", please provide details separately.

Section 7: Duty of Disclosure and Privacy

Your Duty of Disclosure

Under the Insurance Contracts Act 1984 (as amended), you have a duty of disclosure. You are required before you enter into, renew, vary, extend or reinstate your insurance, to tell us everything you know or that a reasonable person in the circumstances could be expected to know, that is relevant to our decision whether to insure you and if so on what terms. You do not have to tell us about any matter:

- that diminishes the risk,
- that is of common knowledge,
- that we know or should know in the ordinary course of our business,
- which we indicate we do not want to know.

Non-Disclosure

If you fail to comply with your Duty of disclosure, we may be entitled to reduce our liability in respect of a claim or may cancel the insurance. If your non-disclosure is fraudulent, we may also have the option of avoiding any contract from its beginning.

Section 7 (Continued): Duty of Disclosure and Privacy

Privacy

The Privacy Act 1988 (as amended) and the Australian Privacy Principals regulate the way business can collect, handle, use, keep secure and disclose personal information. Both Ensurance and the Insurers are bound by the Privacy Act 1988, when collecting and handling your personal information. Ensurance and the Insurers have developed their own respective Privacy Policies which explain what sort of personal information is held about you and how it will be collected, handled, used and disclosed.

Both Ensurance and the Insurers (in assessment of any application, at the beginning and during the term of insurance) collect personal information from or about you for the purpose of assessing your application and administering your insurance, including any claims made.

Ensurance, the insurers and our agents and contractors may collect and hold personal information through this application in respect of any individual or entity whose identity is apparent from information provided in this application or in information supplied with the application, or that is publicly available for the purposes of assessing this application and administering any insurance policy issued or activities related to administration of the application or policy from State or Territory Government bodies, your intermediary, insurance agents, loss assessors, claims investigators, reinsurers, insurance companies, claims reference sources, trade credit reference sources, credit reference sources, financial assessors, other service providers, legal and other professional advisors or any other third-party with relevant information.

Both Ensurance and the Insurers may need to disclose your personal information to our reinsurers, insurance intermediaries, insurance reference bureau, credit reference agencies, business advisors, and those involved in claims handling process (including assessors and investigators) for the purpose of assisting in providing services and products, or for the purpose of litigation. Such parties may be in Australia or overseas, including in the United Kingdom, Germany and the United States of America, but these may vary from time to time.

Both Ensurance and the Insurers may disclose your personal information to people listed as co-insured on your insurance and to family members or agents authorised by you. Both Ensurance and the Insurers may also disclose your personal information to organisations which conduct customer service surveys on our behalf. If you do not provide your personal information or agree to our collection of your personal information as set out in this statement, we may not be able to issue insurance cover to you or to process any claim.

You have and have the opportunity to find out what personal information both Ensurance and the Insurers hold about you, and when necessary, correct any errors in this information, as set out in the Privacy Policies of both Ensurance and the Insurers. You also have the opportunity to complain to Ensurance and the Insurers if you believe there has been a breach of the Australian Privacy Principals in relation to your personal information. The Privacy Policies contain information about how you can make a complaint about a breach of privacy, and how that complaint will be dealt with.

For further information about the Privacy Policies or to access or correct your personal information, please contact the Compliance Manager, Ensurance, PO Box 483 Milsons Point NSW 1565. Telephone: 1300 794 079 or go to the Ensurance website www.ensuranceunderwriting.com.au for details of and for copies of the Privacy Policies.

Section 8: Agreement and Execution

This application is to be executed by the sole trader / Individual, each partner in a partnership and at least 2 directors if a company (unless the company has only one director).

I/WE agree that in completing and submitting this application, that I/we are making a declaration that the information provided in this application, that is attached to this application, or that is supplied with or in respect of this application, is true and a fair representation of the responses to the questions asked and for information sought under the application.

I/We, in making this application have read and understood the Duty of Disclosure and Privacy section within this application and I/we agree with the contents of that section including the collection and handling of personal information.

Name

Name

Signature

Signature

Date signed

Date Signed