FROM 1 JULY 2015, **THIS FORM MUST BE USED**. NO OTHER VERSION WILL BE ACCEPTED.

vmia
Risk Management and Insurance

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

QBE

APPLICATION TO REVIEW ELIGIBILITY

Domestic Building Insurance

ABOUT THIS FORM

This form will help us decide if the Applicant is eligible for the renewal of their eligibility to purchase domestic building insurance cover. If we decide the Applicant is eligible for cover, 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 for businesses with current eligibility with QBE/VMIA in circumstances where:

- The Applicant wishes to increase the annual limit
- QBE/VMIA initiates a review for any reason.

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:
  - policy number
  - policy inception date
  - property address
  - name of builder
  - whether a claim has been made
  - the amount of any indemnity remaining under the policy.

ACCESS TO YOUR PERSONAL INFORMATION

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

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

VMIA
PO Box 18409
Collins St East Victoria 8003
Phone: 1300 363 464

YOUR DUTY OF DISCLOSURE

We require you to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to issue insurance to the Applicant and on what terms. We require you to disclose those matters to us before we renew, extend, vary or reinstate the Applicant's eligibility or issue a certificate of insurance. You are not, however, required to disclose any matter that diminishes the risk to us that is of common knowledge, that we know or in the ordinary course of our business ought to know or any matter which we waive. We will rely on the information that you provide to us in determining whether to continue to provide insurance to the Applicant and on what terms.

Policy number:

SECTION 1. ABOUT THE APPLICANT

PLEASE USE CAPITAL LETTERS. A B C

⚠ Note: 'you' is the person signing the form. The entity for which cover is sought is 'the Applicant'. Where the Applicant is a partnership or company, this section must be completed by each partner or director.

What is the legal name of the building entity (business) for which cover is sought (**Applicant**)?

ACN:

ABN:

Business address:

State:

Postcode:

Contact person:

Business telephone number:

Mobile number:

Facsimile number:

Email:

Business type (select one): ☒ Sole trader ☒ Partnership ☒ Company

Name of Registered Building Practitioner:

Building Practitioners Registration number:

Anniversary date: D D / M M / Y Y Y Y

Is the Applicant a subsidiary of another entity?

☒ No ☒ Yes ➡ Please provide name and ACN of parent company:

Does the Applicant have subsidiary companies?

☒ No ☒ Yes ➡ Please provide name/s and ABN/ACN of subsidiary companies:

SECTION 2. HISTORY AND BACKGROUND

Has any business in which you are, or have been involved, ever been:

- placed into external administration, liquidation, receivership or entered into a scheme of arrangement (formal or informal) to repay outstanding creditors?
- subject to any legal judgement?
- involved in legal proceeding?

☒ No ☒ Yes ➡ Date occurred: D D / M M / Y Y Y Y

Name of business:

Name of Administrator/Court/Tribunal:

Explanation (please attach relevant document)

Have/are you:

- ever been declared a bankrupt?
- ever been the subject of a legal judgement?
- currently involved in any legal proceedings?
- ever entered into a scheme of arrangement, composition, debt agreement or a personal insolvency agreement under the *Bankruptcy Act*?

☒ No ☒ Yes ➡ Date occurred: D D / M M / Y Y Y Y

Name of person:

Name of Administrator/Court/Tribunal:

Explanation (please attach relevant document)

Do you or any business you are involved in currently have eligibility for domestic building insurance with another insurer?

☒ No ☒ Yes ➡ Insurer name:

Name of insured business:

Expiry date: D D / M M / Y Y Y Y

Are you aware of any circumstances that may give rise to a claim under any domestic building insurance policy which insures building work undertaken by you or a business you have been involved in, or has a claim ever been paid under such a policy?

☒ No ☒ Yes ➡ Insurer name:

Name of business:

Property address:

Owner's name:

Date of claim or date you became aware of a circumstance that may give rise to a claim: D D / M M / Y Y Y Y

SECTION 2 CONTINUED

Have you or any business in which you have been involved ever been ordered by a court or a tribunal to make a payment for any incomplete or defective building works or been ordered to rectify any building works?

☒ No ☒ Yes ➡ Court/Tribunal:

Name of business:

Date: D D / M M / Y Y Y Y Owner's name:

Property address:

Have you or any business in which you have been involved ever been disciplined by any regulatory authority in relation to building work which you or that business has undertaken?

☒ No ☒ Yes ➡ Name of Authority:

Name of business:

Date order/s made: D D / M M / Y Y Y Y

Description of the order/s:

SECTION 3. ANNUAL CONSTRUCTION LIMITS REQUIRED

Existing eligibility turnover limit:

Required turnover limit (next 12 months):

Please note that our underwriters will undertake an assessment of the Applicant's current financial position and the Applicant will need to submit the following information/documentation:

- Full and final financial statements (profit and loss statement with trading statement, balance sheet and notes to accounts) for the last 2 full financial years as prepared by the Applicant's external accountant and signed by the Applicant as being true and correct.

If the current year financial statements are older than (6) six months, interim financial statements are required (internally prepared accounts are acceptable providing they are signed by the applicant/directors or external accountant as being true and correct and are prepared utilising a recognised accounting package).

Works category	Maximum job value	Number of jobs	'Eligibility' amount
Single dwellings	$		$
Alterations – non-structural	$		$
Alterations – structural	$		$
Kitchens	$		$
Bathrooms	$		$
Swimming pools	$		$
Carports/garages	$		$
Multi-unit	$		$

SECTION 4. STATEMENT OF PERSONAL ASSETS AND LIABILITIES

This section must be completed by:

- If the Applicant is an individual, that individual
- If the Applicant is a partnership, each partner of that partnership
- If the Applicant is a company, each director of that company

Please copy and provide for each director or partner.

Name of sole trader/partner/director:

Date of birth: D D / M M / Y Y Y Y

Building Practitioners Registration number (if applicable): ☐☐–☐ ☐☐☐☐☐

Residential address:

State: ☐☐☐ Postcode: ☐☐☐☐

Email address:

Telephone number: ☐☐ ☐☐☐☐☐☐☐☐

Assets			Value	Liabilities	Amount
PROPERTY					
Principal residence at:				Mortgage loan with:	
			$		$
Other property at:				Mortgage loan with:	
			$		$
			$		$
			$		$
			$		$
MOTOR VEHICLES					
Year	Make	Model		Vehicle finance with:	
			$		$
			$		$
			$		$
			$		$
INVESTMENTS				**OTHER LOANS**	
			$		$
			$		$
			$		$
			$		$
OTHER					
Cash at bank:			$	Credit cards:	$
Work in progress (sole traders only):			$		$
Trade receivables (sole traders only):			$		$
				Overdraft (sole traders only):	$
				Trade Creditors (sole traders only):	$

SECTION 5.
FINANCIAL INFORMATION, HISTORY AND BACKGROUND OF APPLICANT

This section is about your business (the Applicant). Where the Applicant is a partnership or company, this section must be acknowledged as being true and correct by each partner or director of the company.

When did the Applicant commence trading? D D / M M / Y Y Y Y

What job costing system does the Applicant use?

☒ Manual ☒ Custom ☒ Standard industry

How often does the Applicant produce financial reports?

Details of the Applicant's external accountants

Business name:

Accountant name:

Phone number:

Email address:

Average building cycle (based on the last 12 months)

Number of weeks from signing of contract to commencement of construction on site:

Number of weeks from commencement of construction to satisfactory completion/handover to the homeowner:

Three largest projects (by contract value) in the last 3 years:

Job description (e.g Construction of 20-unit dwelling)	**Contract value**	**Applicant's role on site**	**Year completed**
	$		
	$		
	$		
	$		

SECTION 5 CONTINUED

Current working capital position (⚠ Information and balances must not be more than 90 days old):

Current number of jobs	Total Value	
	$	
Current Assets	Balances as at / /	
Cash at bank	$	
Trade debtors*	Agreed terms Days	$
Work-in-progress (value of work completed but not yet invoiced)	$	
Other* (please provide details)		
	$	
(A) Total Current Assets	$	
Current Liabilities		
Overdraft	Include credit limit $	$
Trade creditors	Agreed terms Days	$
Suppliers*	Agreed terms Days	$
Short term loans	$	
Directors loans	$	
Bank bills	$	
Taxation	$	
GST	$	
Other* (please provide details)		
	$	
(L) Total Current Liabilities	$	
Net Working Capital Position (NWC) = (A) minus (L)	$	

*Do not include intercompany/related party loans

DECLARATION ☒ **I/We confirm the above information is true and correct**

Signature (Director or Partner):		Date: / /
Name:		
Position/Title:		

DECLARATION ☒ **I/We confirm the above information is true and correct**

Signature (Director or Partner):		Date: / /
Name:		
Position/Title:		

DECLARATION ☒ **I/We confirm the above information is true and correct**

Signature (Director or Partner):		Date: / /
Name:		
Position/Title:		

SECTION 6. DOMESTIC BUILDING INSURANCE WORK IN PROGRESS STATUS REPORT

Needs to be completed for all projects under construction or where deposits have been taken *(please copy this page and attach if additional space is required)*

Name of the Applicant:

Building registration number:

Date contract entered into (dd/mm/yyyy)	**Site address** (if Multiple dwellings are being constructed on the one site, please list the site address once and show the number of units)	**Contract Value** (including GST)	**Date work commenced on site** (dd/mm/yyyy)	**Insured by**	**Current stage of completion** (deposit, Base, Frame, Lock-up, Fit-out)	**Estimated cost to complete**	**Estimated completion date** (dd/mm/yyyy)
/ /		$	/ /			$	/ /
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SECTION 7. INFORMATION CHECKLIST

⚠ (Please tick all that apply)

INFORMATION THAT YOU MUST SUPPLY WITH THIS APPLICATION

For sole traders/partnerships:

☒ Profit and loss statement including trading account for the last 2 financial years (a copy of the full tax return as submitted to the ATO will suffice).

For companies:

☒ Full and final financial statements (profit and loss statement, with trading statement, balance sheet and notes to accounts) for the last 2 financial years (companies). These must be signed by each of the directors of the company as being true and correct.

☒ If the current year financial statements are older than six months, a copy of the interim financial statements are required (internally prepared accounts are acceptable providing they are signed by the directors/partners or external accountant as being true and correct and are prepared using a recognised accounting package).

☒ The requirement of Cash Flow Forecasts, Budgets and/or confirmation of financing arrangements will be at the discretion of underwriters.

Group structures

☒ If the Applicant is a subsidiary of another entity or part of a larger group structure then financial statements (profit and loss statement with trading statement, balance sheet and notes to accounts) for the last 2 financial years, as prepared by an external accountant, are required for each and every entity in the group.

For structures with 'related entity' loans, an explanation of the purpose, term and size of these facilities is required from your external accountant.

For ALL Applicants, please provide (in addition to the above)

☒ Copy of Certificate of Business Registration for the Applicant.

☒ Copy of trade association membership.

☒ Copy of the current registration certificate for each director or partner of the Applicant which is a registered building practitioner, or if the Applicant is a sole trader, for you.

☒ Current warranty eligibility from existing insurer (other than QBE/VMIA).

☒ General technical references for architect design and multi-unit projects.

☒ Evidence of ownership for all properties listed in the statement of personal assets and liabilities (Section 4).

Is there any further information or matter of a material nature not otherwise disclosed in this application that:

- could significantly affect the financial position of you or the Applicant?
- might influence QBE's acceptance of this application on behalf of the VMIA or the terms upon which the application is accepted?
- might influence QBE's decision to issue domestic building insurance on behalf of the VMIA to the Applicant?

☒ No ☒ Yes ➡ Please detail further information or relevant matters:

SECTION 8. APPLICANT'S DECLARATION

COPY AND ATTACH AS REQUIRED

⚠ This declaration is to be signed by:
- The Applicant, if the Applicant is a sole trader
- Each partner, if the Applicant is a partnership
- Each director, if the Applicant is a company

I acknowledge that: .

- QBE and the VMIA reserve the right to revoke at any time eligibility granted to the Applicant to purchase domestic building insurance.

I agree that:

- If any of the information disclosed in this application materially changes, I will notify QBE immediately.
- In my personal capacity and, where relevant, as agent for the Applicant that I, and where relevant, the Applicant shall reimburse the VMIA any amount that it pays in respect of a claim, and the VMIA is entitled to be subrogated to the rights of the owner and can bring a claim against the Applicant in the name of the owner or in its own name to recover any amounts that it has paid in respect to the claim.
- For certificates of insurance issued 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 claim if the Applicant fails to comply with a Tribunal or Court Order.

I declare that:

- I have read and understood the 'Information disclosed in this form and Your Privacy' statements on page 1 of this form.
- The Applicant is currently solvent and can meet all of its financial obligations as and when they fall due.
- All information given in this application and any attachments is true and correct.

Authority to release information

I authorise QBE and the VMIA to give to, or obtain from, other insurers or insurance reference bureaux, credit reporting agencies, their advisors, 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) and those involved in any way in connection with building work insured under any domestic building insurance policy issued as a result of this application, including those people making enquiries as identified on page 1 of this form, any information about or contained in this application, any domestic building insurance policy subsequently issued, and any claims and recoveries, including this completed application and my and the Applicant's insurance claims history and credit history.

1. Declared by:

For and on behalf of:

Position title:

Signature:

Date: D D / M M / Y Y Y Y

2. Declared by:

For and on behalf of:

Position title:

Signature:

Date: D D / M M / Y Y Y Y

3. Declared by:

For and on behalf of:

Position title:

Signature:

Date: D D / M M / Y Y Y Y