

## IMPORTANT INFORMATION

please read this first

# express assess

for builders with an annual turnover of  
\$3,000,000 or less

The following do not qualify for Express Assess and must undergo a full assessment:

- Pool builders.
- Builders intending to build Multi Units, Kit, Transportable and Relocatable Homes.

### Privacy Statement

The Privacy Act 1988 (Cth) (as amended) now applies and requires us to inform you that:

#### Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you for the purposes of:

- providing insurance services to you,
- evaluating your project application,
- evaluating any request for amendment to any insurance provided,
- issuing, administering and managing the insurance provided following acceptance of a project application; and
- investigating and, if covered, managing claims made in relation to any insurance you have with us or other companies within the Promina Group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above. The personal information can also be used or disclosed by us as required by any relevant home building insurance legislation.

#### Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other companies within the Promina Group,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claim investigators, reinsurers,
- other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- other service providers, hospitals, medical and health professionals.

#### Consequences if information is not provided

If you do not provide us with personal information we need we will be unable to administer your policy or manage any claim under your policy.

#### Access

You can request access to the personal information we hold about you by contacting us at Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

#### Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

## Section 1 business details

### Business Details

Your business trades as a

Sole Trader  Meaning 1 owner, unlimited liability to sole owner

Partnership  2 or more owners, unlimited liability to all partners

Company

Trust

Name of Business

Name of Trustee

ABN

Office Address

State  Postcode

Postal Address

State  Postcode

Business Telephone (  )

Business Fax (  )

Mobile

Email Address

### Building Licence

Please complete and attach a copy for each licence held

#### Primary state where business carried out

Licence Number

Name on Licence

#### Other state(s) where business carried out

Licence Number

Name on Licence

### Professional Association Membership

Association Name

Membership Number

Expiry Date  /  /

## Section 2 history

### Previous Building Experience

What date did you commence to trade as a building business?

/  /

What was the largest residential project managed or built by you in the past 5 years?

Job Description

Your role on the site

Contract Value

\$

Year Completed

/  /

## Background Questions

1. Have you or any business for which you were a director or principal ever insured with another home warranty insurer?  
No  Yes  Please provide details below
2. Are you presently insured with another warranty insurer for ongoing work?  
No  Yes  Please provide details below
3. Have you or any business for which you were a principal or director ever had a builder's licence refused or cancelled in any state or territory of Australia?  
No  Yes  Please provide details below
4. Have you or any business for which you were a director or principal ever been declined home warranty insurance?  
No  Yes  Please provide details below
5. Have there ever been any matters handled by the Statutory Building Disputes Tribunal that resulted in orders for rectification or payment against you or any business for which you were a director or principal?  
No  Yes  Please provide details below
6. Have you ever been a director, principal or manager of a business which has been in external administration, liquidation, receivership or any arrangement (formal or informal) to repay outstanding debts with creditors?  
No  Yes  Please provide details below
7. Have you ever been in bankruptcy or under a trustee in bankruptcy?  
No  Yes  Please provide details below
8. Have you ever previously held Warranty Insurance with Vero in a different business name?  
No  Yes  Please provide details below
9. Do you currently have any of the following documents lodged with another warranty insurer?

Document	Insurer	Amount
Bank Guarantee	<input type="text"/>	\$ <input type="text"/>
Deed of Indemnity	<input type="text"/>	\$ <input type="text"/>
Other Security	<input type="text"/>	\$ <input type="text"/>

Please provide details for any questions answered YES from above.

## Section 3 previous building turnover

Please provide a turnover breakdown for the past 2 financial years.

Turnover Breakdown	Financial Year as at / /	Financial Year as at / /
Total Turnover	\$ <input type="text"/>	\$ <input type="text"/>
Residential	\$ <input type="text"/>	\$ <input type="text"/>
Commercial	\$ <input type="text"/>	\$ <input type="text"/>
Net Profit/Loss	\$ <input type="text"/>	\$ <input type="text"/>

If no building activity in past 2 years, what has been the nature of your employment or business over the last 3 years?

**Section 4 personal assets and liabilities for sole traders or each partner/company director**

If business is a partnership, each partner must complete this section (photocopy if necessary).  
Please complete sections where applicable. Use a separate sheet for further details.

Name of Sole Trader / Partner / Company Director  Licence Number

Date of Birth  /  /  Note: ASIC searches may be obtained to verify.

Assets	Value	Liabilities	Value
<b>Property</b>		<b>Property</b>	
Principal residence at		Mortgage loan with	
	\$		\$
House at		Mortgage loan with	
	\$		\$
House at		Mortgage loan with	
	\$		\$
Business premises at		Mortgage loan with	
	\$		\$
Other properties/vacant land at		Mortgage loan with	
	\$		\$
<b>Motor Vehicle</b>		<b>Motor Vehicle</b>	
Motor vehicle		Finance with	
	\$		\$
Motor vehicle		Finance with	
	\$		\$
<b>Investments</b>		<b>Investments</b>	
	\$		\$
Valuation of Shareholding in Company	\$		\$
<b>Other</b>		<b>Other</b>	
Cash on deposit with Bank	\$	Bank overdraft with	\$
Business equipment and tools of trade	\$	Equipment finance with	\$
Work in progress	\$	Credit card and other personal debts	\$
Trade receivables, loans and other monies owed to you	\$	Trade payables, loans and other monies owed by you	\$

**Section 5 required supporting documents**

A copy of current building licence/s. The licence must be in the name of the same entity as that applying for eligibility (other than Victoria, where the licence must be issued in the name of an individual, partner, director or trustee).

**Companies and trusts Only**

Current Profit and Loss Statements including Trading Statements, and Current Balance Sheet and Notes to Accounts.

**Section 6 statement by sole trader, partners and directors**

1. The accompanying Statement of Financial Performance (Profit and Loss Statement) and Statement of Financial Position (Balance Sheet) are drawn up so as to give a true and fair view of the results and state of affairs of the company at the date indicated  /  /

2. As at the date of this statement there are reasonable grounds to believe the company will be able to pay its debts as and when they fall due.

3. The accompanying accounts have been prepared in accordance with approved Accounting Standards.

Declared by (print name)  For and on behalf of

Signature

Date  /  /

**Section 7 applicant declaration**

The Applicant(s) acknowledge that if insurance is granted in respect of any building under the policy issued by the insurer Vero it is the owner who is insured and not the Applicant(s) as the builder.

The Applicant(s) confirm that the details on this application form are true and give an accurate representation of the affairs of the Applicant(s).

The Applicant(s) acknowledge that the insurer reserves the right to reject any application for insurance and seek additional information from the Applicant(s) as required from time to time.

Completion of this application or acceptance by the insurer does not create any contract of insurance or give the right to insurance. A separate application must be made in respect of each site address.

**For personal applicants**

The applicant(s) consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

**For all applicants**

If the Applicant(s) have disclosed personal information in this application or any individual project application about any other person, the Applicant(s) confirm that the Applicant(s) are authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Vero, its officers and insurers, are hereby authorised (from time to time and at any time) to seek such information as they may require concerning the financial position of the Applicant(s) from:

1. Suppliers of materials and services, or subcontractors; and/or
2. Credit reporting agencies; and/or
3. The accountants named in this application and providing financial information on my behalf from time to time. Such accountants are authorised and instructed to provide such information to Vero as it requires whenever requested to do so.

The Applicant(s) agree to reimburse Vero for their reasonable costs of investigating any claim. This only applies if the Applicant(s) act unreasonably in respect of the claim.

The information Vero seeks in this form is important to Vero. Vero needs it and relies upon it to assess the Applicant(s) eligibility. The Applicant(s) and each person executing the form acknowledge this and further acknowledge that, in the event that the form contains untrue details or gives an inaccurate representation of the affairs of the Applicant(s), Vero may cancel eligibility and claim against them for any loss Vero suffers.

**Important Note**

If the Applicant is a Sole Trader – this application form must be signed by the Sole Trader.

If the Applicant is a Partnership – this application form must be signed by **all** Partners.

If the Applicant is a Company – this application form must be signed by **all** directors of the Company.

If the Applicant is a Trust – this application form must be signed by the Trustee on behalf of the Trust.

Signed for and on behalf of the Applicant 1	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signed for and on behalf of the Applicant 2	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signed for and on behalf of the Applicant 3	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

If there are more partners or directors of the company, please attach signatures to a separate page and include with the application.

Applications should be returned to:

**Accredited Insurance Broker details**

- Name
- ABN
- Address
- Telephone
- Fax
- Broker Reference No.