

## IMPORTANT INFORMATION

please read this first

# builder profile change assess application form

### **Builder Profile Change Assess Application**

The Builder Profile Change Assess Application is used for changes to an existing builder's eligibility details with Residential Construction Warranty. Complete this application form to:

- request a review of your Premium Rating Category
- request a review of your Turnover Limits
- request Approval for Architect Projects
- request a review on Construction Type Limits
- to satisfy the Insurer's Requirements

The application should be supported generally by the same appropriate, updated documentation required to support a new assessment.

### **Privacy Statement**

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

#### **Purpose of collection**

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

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

#### **Disclosure**

We may disclose your personal information (and receive some personal information from), when necessary and in connection with the purposes listed above, to other companies within the same group, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

#### **Consequences if information is not provided**

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

#### **Access**

You can request access to the personal information by contacting a Vero office at the address shown below.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold about you 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.

Your business trades as a

Sole Trader  Partnership  Company  Trust

### Section 01 business details

Name of Business

Name of Designated Practitioner/Licensed Holder

ABN

Office Address

State

Postcode

Postal Address

State

Postcode

Business Telephone

Business Fax

Mobile

**Primary state where business carried out**

Licence Number

Name on Licence

**Other state(s) where business carried out 1**

Licence Number

Name on Licence

**Other state(s) where business carried out 2**

Licence Number

Name on Licence

### External Accountants

Company Name

Contact Name

Telephone

### Trade Credit References

*Please provide the names of 3 building materials suppliers who can confirm your credit payment history if available.*

#### Company 1

Telephone

Fax

#### Company 2

Telephone

Fax

#### Company 3

Telephone

Fax

### Section 02 history

When was the date you commenced to trade as a business?

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

Job Description

Your role on the site

Contract Value

Year Completed

**Section 03 architect tender approval**

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 ever was 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 insured with Residential Construction Warranty in a different business name?  
No  Yes  Please provide details below
9. Do you currently have any bank guarantee lodged with any other insurer?  
No  Yes  Please provide details below
10. Do you have a deed of indemnity with any other insurer?  
No  Yes  Please provide details below
11. Is any other form of security held by another warranty insurer?  
No  Yes  Please provide details below

Please provide details for any questions answered YES from above.

  
  
  
  

Are you intending to apply for building contracts tendered to architects?

- No  Yes  Please provide 2 written technical references for work previously completed in a builder or management role for architects

**Additional Information**

**Section 04**

The existing eligibility details are now inadequate for my business requirements and the proposed adjustments to the existing details are as follows:

**(A) request a review of your Premium Rating Category**

Existing Rating Cat #  Required Cat #

**(B) request a review of your Turnover Limits**

Existing Turnover  Required Turnover

**(C) request Approval for Architect Projects**

Required Yes  No

**(D) request a review on Construction Type Limits**

	Existing Limit	Required Limit
Single Dwelling	\$ <input type="text"/>	\$ <input type="text"/>
Alterations/additions	\$ <input type="text"/>	\$ <input type="text"/>
Units/Duplex/Villas	\$ <input type="text"/>	\$ <input type="text"/>
Improvements	\$ <input type="text"/>	\$ <input type="text"/>
Multi Unit Developments	\$ <input type="text"/>	\$ <input type="text"/>
Kit/Transportable	\$ <input type="text"/>	\$ <input type="text"/>
Relocatable	\$ <input type="text"/>	\$ <input type="text"/>
Swimming Pools	\$ <input type="text"/>	\$ <input type="text"/>
High Rise Developments	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>

**(E) to satisfy the Insurer's Requirements**

As per attached letter or advice requesting further details dated  /  /

**(F) summary of reasons why eligibility is inadequate**

1

2

3

**Section 5 required supporting financial reports**

If there has been any business trading, including subcontracting in the past 2 years, financial reports must accompany this application. If the trading was through a previous different entity please provide accounts for that entity.

The following financial reports are required.

**Sole Traders and Partnerships**

1. Past 2 years Profit and Loss Statements including Trading Statements (Tax Returns are acceptable if no separate Profit and Loss Statements are available).
2. Statement of Personal Assets and Liabilities of each Principal.

*Now proceed to Section 6.*

**Companies and Trusts Only**

1. Past 2 years Profit and Loss Statements including Trading Statements.
2. Balance Sheet and Notes to Accounts.
3. Statement of Personal Assets and Liabilities for each director.
4. If a Trust, please provide a schedule of the beneficiaries and a copy of the trust deed.

*Please continue...*

**Names of ALL Partners/Directors of this business**

**Partner 1/Director 1**

Date of Birth

Building Licence Number held by individual *(if applicable)*

Previous building experience if other than this business

for past 2 years

Business

Position held

Dates Position Held

 to 

Business

Position held

Dates Position Held

 to 

**Partner 2/Director 2**

Date of Birth

Building Licence Number held by individual *(if applicable)*

Previous building experience if other than this business

for past 2 years

Business

Position held

Dates Position Held

 to 

Business

Position held

Dates Position Held

 to 

**Shareholders/Trust Unit Holders *(if not above)***

Name 1

Name 2

Name 3

Name 4

**Trusts Only**

Trust Type

Discretionary

Unit

Fixed

Trust Name

Trustee *(applicant)*

**Section 6 personal assets and liabilities for all sole traders, partners and directors**

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.

Business Name

ABN

Name of Sole Trader/ Partner/Director

<b>Assets</b>	<b>Value</b>	<b>Liabilities</b>	<b>Value</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	
	\$		\$
	\$		\$
Motor vehicle		Vehicle finance with	
Make			\$
Model			
Year	\$		
Motor vehicle		Vehicle finance with	
Make			\$
Model			
Year	\$		
Other investments		Finance with	
	\$		\$
	\$		\$
	\$		\$
Cash on deposit with		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	\$

*Additional Partners and Directors to complete one page each.*

Business Name  ABN

Name of Sole Trader/Partner/Director

<b>Assets</b>	<b>Value</b>	<b>Liabilities</b>	<b>Value</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	
	\$		\$
	\$		\$
Motor vehicle		Vehicle finance with	
Make			\$
Model			
Year	\$		
Motor vehicle		Vehicle finance with	
Make			\$
Model			
Year	\$		
Other investments		Finance with	
	\$		\$
	\$		\$
	\$		\$
Cash on deposit with		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 7 statement by sole trader, partners and directors

1. The accompanying Statement of Financial Performance (Profit and Loss Statement) is drawn up so as to give a true and fair view of the results of the company for the year ended  /  / .
2. The accompanying Statement of Financial Position (Balance Sheet) is drawn up so as to give a true and fair view of the state of affairs of the company as at  /  / .
3. 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.
4. The accompanying accounts have been prepared in accordance with approved Accounting Standards.

Declared by: print name

For and on behalf of

Signature

Date

## Section 8 builder declaration

I/We acknowledge that if insurance is granted in respect of any building under the policy issued by the insurer Vero Insurance Limited it is the owner who is insured and not me/us as the applicant/builder.

I/We confirm that the details on this application form are true and represent a fair and accurate representation of the affairs of the applicant(s).

I/We acknowledge that the insurer reserves the right to reject any application for insurance and seek additional information from me/us 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 to each site address.

### For personal applicants

I 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 on the Privacy Statement, for any of these purposes.

### For all applicants

If I have disclosed personal information in this application or any individual project application about any other person, I confirm that I am 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 Insurance Limited, 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 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 Residential Construction Warranty as it requires whenever requested to do so.

I/We agree to reimburse Vero Insurance Limited for their reasonable costs of investigating any claim. This only applies if we act unreasonably in respect to the claim.

Declared by: print name

For and on behalf of

Signature

Date

Applications should be returned to:

### Accredited Insurance Broker details

Name

ABN

Address

Telephone

Fax

Broker Reference No.