



BUILDER ELIGIBILITY APPLICATION

The information contained in this document may be used by BEA in order to achieve better outcomes for BEA builders.

Please feel free to contact our office if you have any queries or for further information. We look forward to working with you and assisting your business in the near future.

Who are we?

Building Ethics Australia (BEA) - BEA is an accreditation company designed to provide quality assurance and risk management services for builders. Our purpose is to obtain and assess as much data as possible regarding a builder's business enabling BEA to affect the best possible outcomes for our builders.

BEA Insurance Brokers (BEAIB) - BEAIB is a sister company to BEA that has been created to streamline the insurance process for builders. Its development will provide an easier and more fluid process for builders to access all forms of insurance relating to their business. BEAIB can use the data collected from BEA to achieve more positive insurance outcomes for builders.

> APPLICATION CHECKLIST

Following is a **CHECK-LIST** to assist you with your application. Please ensure all check-points are completed so that your application can be processed promptly.

1. Complete the **Home Indemnity Insurance Eligibility Application Form*** (enclosed)
2. Ensure the **Financial Details** (page 6 - 8 of the Application) is completed by your Accountant/s.
3. Attach an **ATO Integrated Statement of Account** (this can be obtained through your Accountant/s).
4. Read and sign the **Builder Agreement** (enclosed)
> We suggest you make a copy for your own records. Only pages 3 & 9 need to be forwarded.
5. Attach the **Application Fee of \$550** (includes GST).
Cheques and Direct Debits accepted. (BSB : 083 655, A/C : 565 089 356)
> The Application will not proceed without the fee
6. Ensure all pages that require **Signatures** have been signed.
7. Ensure you are familiar with all **Terms and Conditions** relating to this Application
8. **Post** all items (1 to 5), once they have ALL been read and completed, to BEA

Postal Address:
Unit 1, 1st Floor,
100A Douglas Parade
Williamstown VIC 3016

Phone: (03) 9397 4166
Fax: (03) 9397 4188
Email: info@buildingethics.com.au

> IMPORTANT NOTICE TO THE APPLICANT

Completing this Application

- Please answer all questions. Any blank spaces and incomplete answers will delay processing of this Application.
- If there is insufficient space to answer a question, please attach a separate sheet of paper. On your attached sheet write in the corresponding page number, Section name (if necessary) and question headings or numbers, plus the information you are required to include or wish to add.
- Any documents or sheets attached to this Application form part of this Application.
- The information you provide in this Application Form will help us decide whether or not to provide you with Home Indemnity Insurance Eligibility. It will also help us decide the terms upon which we provide you with Home Indemnity Insurance Eligibility. We will rely on the information you give us in this Application Form, so it is important that you answer all questions in this Application Form fully and truthfully.
- You should note that in some jurisdictions it is an offence under the act to provide misleading or inaccurate information to a Home Indemnity Insurance provider.

Cancellation of Eligibility

we may cancel your Eligibility and notify the Responsible Authority of the cancellation, if you:

- fail to comply with your duty of utmost good faith;
- fail to comply with your duty of disclosure (detailed above);
- make any representations to us at any time that are false or untrue, including but not limited to that you will maintain a risk management and quality assurance program in place that is acceptable to us;
- fail to comply with a provision of the contract or any special conditions imposed by us and shown on your Eligibility;
- in any way prejudice our subrogation rights;
- fail to pay premium or additional premium when requested by us;
- fail to notify us immediately in writing if your builder's registration which is relevant to the conduct of your business is cancelled, suspended or terminated or has conditions imposed;

If we should cancel your Eligibility, our cancellation will not prejudice or affect the rights of building owners of domestic building for whom a policy of Insurance has already been issued.

Privacy

The personal information you include in this Application Form is collected by us for the purpose of:

- Evaluating your eligibility for Home Indemnity insurance with us. This type of insurance is currently required by law for you to operate as a builder in certain instances.
- Ensuring that you meet the risk management and quality assurance requirements we expect of our Applicants, for example BEA's risk management and quality assurance program.
- Administering and managing the insurance we provide following acceptance of the Application.

If you do not provide us with the information we request in this Application Form we may be unable to assess your eligibility for insurance cover.

We are committed to protecting the privacy of the personal information you provide to us. The personal information that we collect from you will be used to provide you with our insurance services and, in the event of a claim under the policy, to deal with the claim and also to notify you about other services or promotions from time to time.

We may disclose the personal information we collect on this form to:

- Our own staff, contracted staff and external service providers;
- Claims adjusters, lawyers and others appointed by us or on behalf of us for claims handling purposes; and
- Our insurers and reinsurance brokers (which may include persons or entities located outside Australia).

By completing and returning an application, you agree to us using and disclosing your personal information as set out above. This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

You can ask us what personal information we hold about you and, where necessary, notify us in writing of changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

From time to time, we may use your name and contact details to send you or your firm offers or information regarding our insurance services or promotions that may be of interest to you. Please let us know if you no longer wish to receive this information.

If you wish to access your personal information held by BEA you can contact us at Unit 1, 1st Floor, 100A Douglas Parade WILLIAMSTOWN VIC 3016 Phone: 03 9397 4166 Fax: 03 9397 4188 Email: info@buildingethics.com.au

* BEA Insurance Brokers Pty Ltd (BEAIB) (ACN 143 906 361) (ABN 51 752 451 180) (AFSL No. 360387). In arranging this insurance, both BEA & BEAIB will be acting under a binder provided by the Insurer, Calliden Insurance Ltd (ABN 47 004 125 268) (AFSL No. 234 438) and therefore we act as an agent of the Insurer not the insured.



> APPLICATION FORM FOR ELIGIBILITY

IMPORTANT NOTICE

Our insurance policy only covers building work by the designated practitioner/s / licence holder whose name/s and licence number/s is/are listed below. In this Application and any subsequent insurance policy the designated practitioner/s / licence holder listed below is/are referred to as the "Builder/s".

Section 1 Business Details

1.1 Business Name
 (This must be the name in which you contract to do work. This is the entity we will assess for Eligibility and that will appear on your Certificate of Eligibility and any Certificates for Insurance we may issue if you are approved for Eligibility)

1.2 Trading Name

1.3 Type of business Sole Trader Partnership Company Trust

1.4 Building licence number (Issued under the business name, applicable only to WA & NSW)

1.5 Date business commenced ABN ACN

1.6 Office address

1.7 Postal address

1.8 Contact person

1.9 Contact phone numbers Business1 Business2
 Fax Mobile

1.10 Email (please print)

1.11 Preferred Method of Correspondence (tick ONE only) Email Post

Section 2 Builder(s) Details

Name of Designated Builder(s) i.e. Practitioner – VIC Supervisor – NSW Contractor – WA	Licence number	Year licence first issued	Restrictions or Limitations imposed on licence? If Yes, describe	Number of years self- employed	Year first insurable project was undertaken
1.					
2.					
3.					

Section 3 Details of All Directors/Principals of this Business

Full Name	Home Address	Position in Business	Phone Number	Date of Birth
1.				
2.				
3.				

Section 4 Insurance and Personal History

Has the **Builder**, any related company, any director, any partner, any proprietor or any person involved in the **Builder's** business and in charge of construction:

- 4.1 Ever been refused, had cancelled or had special conditions imposed on any type of insurance policy by an insurer? NO YES
If YES please provide details below
- 4.2 Ever been charged or convicted of arson, fraud, theft, dishonesty, or any offence involving any drugs, or any offence involving actual or threatened physical violence or damage to property? NO YES
If YES please provide details below
- 4.3 Ever had a designated practitioner / licence holder number or similar refused or cancelled in any State or Territory of Australia or overseas? NO YES
If YES please provide details below
- 4.4 Ever sought to obtain a building permit or commenced work on any domestic building project before arranging Home Warranty/Indemnity Insurance for that project? NO YES
If YES please provide details below
- 4.5 Ever been a director, principal or manager of a business, which was placed in external administration, liquidation, receivership or any arrangement (formal or informal) to repay creditors? NO YES
If YES please provide details below
- 4.6 Ever been bankrupt? NO YES
If YES please provide details below
- 4.7 Been subject to disciplinary proceedings for professional misconduct? NO YES
If YES please provide details below
- 4.8 Been involved in a claim(s) or legal proceedings (including any proceedings before a Tribunal or Body empowered to hear such matters) brought by an insurer or building owner in relation to either domestic building work or building work of any nature? NO YES
If YES please provide details below
- 4.9 Had a Deed of Indemnity, bank guarantee or any other form of security lodged with another Home Warranty/Indemnity Insurer or any other provider e.g. a Bank? NO YES
If YES please provide details below
- 4.10 Been insured for Home Warranty/Indemnity/Indemnity Insurance under a different business name? NO YES
If YES please provide details below
- 4.11 Details of the **Builder(s)** current Home Warranty/Indemnity Eligibility or attach a copy of the Builder(s)' existing Certificate of Eligibility.

Name of Insurer	Turnover Limit	Turnover Used	Job Limit	Start Date	End Date	Number & Value of Open Contracts

Please provide a detailed explanation for all questions answered YES in this Section and attach relevant documents. If YES to **4.8**, please detail 1. nature of the claim(s) 2. date of the claim(s), 3. name of the Insurer(s) 4. name of the owner(s) 5. amount of the claim(s) and 6. outcome of the claim(s), and include full supporting documentation.

Section 5 Construction Information

- 5.1 What is the ESTIMATED NUMBER of CONTRACTS for the next 12 months that require Home Warranty/Indemnity Insurance?
- 5.2 What is the TOTAL ESTIMATED CONTRACT VALUE for the next 12 months that require Home Warranty/Indemnity Insurance? \$
- 5.3 **Type of contracts:**
- | | Undertaken in the last 10 years | Estimated for the next 12 months |
|---------------------------------------------------------|---------------------------------|----------------------------------|
| • C01 New Single Dwelling Construction | <input type="checkbox"/> | <input type="checkbox"/> |
| • C02 New Multi Level (Greater than 3 storeys) | <input type="checkbox"/> | <input type="checkbox"/> |
| • C03 New Multi Level (Less than or equal to 3 storeys) | <input type="checkbox"/> | <input type="checkbox"/> |
| • C04 Alterations / Additions | <input type="checkbox"/> | <input type="checkbox"/> |
| • C05 Swimming Pools | <input type="checkbox"/> | <input type="checkbox"/> |
| • C06 Renovations (includes Kitchens and Bathrooms) | <input type="checkbox"/> | <input type="checkbox"/> |
| • C07 Other (please describe) | <input type="checkbox"/> | <input type="checkbox"/> |
| • C08 Total of C01 to C07 | <input type="checkbox"/> | <input type="checkbox"/> |
- 5.4 Does the **Builder** intend to build Multi Units over the next 12 months that require Home Warranty/Indemnity Insurance? NO YES

If YES please provide details of expected projects and include previous experience involving Multi Units.

Section 6 References

Each **Builder** applying for Home Warranty/Indemnity Insurance Eligibility is required to complete the following tables. Please copy this Section and have it completed by each **Builder** applying for Eligibility.

- 6.1 Provide details of the most RECENT clients you have completed an insurable domestic/commercial building project for (excluding "spec" projects or projects solely for the use of the **Builder**, the **Builder's** family, or entities associated with the **Builder**). New entrant **Builders** may include non-insurable building projects.

6.1.1 Last six (6) clients

Date of Contract (In date order)	Date Completed	Contract Value (Inclusive of GST)	Name of Client	Contact Details (Mobile Preferred)
1.				
2.				
3.				
4.				
5.				
6.				

- 6.2 Three (3) **professional industry based referees** regularly used (e.g. Building Surveyor, Architect, Engineer). New entrant **Builders** please include **previous industry based employers**.

Contact & Company Name	Relationship/Nature of Industry	Contact Details (Mobile Preferred)
1.		
2.		
3.		

Section 7 Financial Details

IMPORTANT NOTICE

Please have your Accountant or Tax Agent complete, verify and sign ALL of this Section (Section 7) including the Trade Debtors and Creditors Aged Summary, the Profit & Loss Statement, and the Balance Sheet.

Accountants Checklist:

Please ensure all check-points are completed so that this application can be processed promptly. Please do not hesitate to contact BEA directly (03 9397 4166) if you have any queries regarding this Section.

- Attached ATO Integrated Statement of Account (obtained from the ATO Tax Portal)
- All of Section 7 (3 pages) has been completed
- All of Section 7 (3 pages) has been verified and signed

7.1 Please provide the details of each **Builder's** Accountant(s).

If more than one **Builder** is applying for Home Warranty/Indemnity Insurance Eligibility then please copy this page and have it completed by each **Builder** applying for Home Warranty/Indemnity Insurance Eligibility and attach details to this Application Form.

7.1.2 Contact person

7.1.3 Contact phone numbers Business1 Fax

7.1.4 Email (please print)

7.1.5 How long have you used this Accountant?

7.2 **Aged Summaries** as at 30th June 20 (insert year).

7.2.1 Trade Debtors

0-30 Days	31-60 Days	61-90 Days	91-120 Days	120+ Days	Total
					=

7.2.2 Trade Creditors

0-30 Days	31-60 Days	61-90 Days	91-120 Days	120+ Days	Total
					=

Please note: Total figures should agree with receivables and payables figures recorded on the Balance Sheet (Page 8). If NOT please comment on variance;

..... **Accountants/Tax Agents Statement**

The above information accurately reflects the financial statements of the **Builder** (named below) from which income tax returns are prepared and lodged with the Australian Taxation Office.

Builder Name: Building Company / Trading Name:

Accountants Signature: Name: Date:

7.3 Profit and Loss Statement

For the last three (3) financial years ending 30th June.

Instructions:

Owners Wages & On Costs & Other Related Party Payments are required to be disclosed separately in the Profit and Loss Summary. These payments are not to be included in the Other Expenses field. Payments typically classified as Owners Wages & On Costs & Other Related Party Payments include, but are not limited to:

1. Salaries, wages and superannuation contributions paid to, or on behalf of shareholders, directors or beneficiaries of the entity;
2. Salaries, wages and superannuation contributions paid to, or on behalf of non working relatives of shareholders, directors or beneficiaries of the entity;
3. Management or consulting fees paid to a related entity (an entity with common directorship or shareholding).

INCOME	Insert Year:	20 <input style="width: 40px;" type="text"/>	20 <input style="width: 40px;" type="text"/>	20 <input style="width: 40px;" type="text"/>
Contract Income		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other Income		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL INCOME		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
COST OF GOODS SOLD		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
GROSS PROFIT		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other Expenses		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL EXPENSES (BEFORE OWNER BENEFITS)		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NET INCOME BEFORE TAX (BEFORE OWNER BENEFITS)		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Owners Benefits		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NET INCOME BEFORE TAX		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
INCOME TAX EXPENSES (COMPANIES ONLY)		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NET INCOME AFTER TAX		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
RECONCILIATION TO TAXABLE INCOME		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
+ / - Income		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
+ / - Expenses		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Less Carry Forward Losses		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NET INCOME PER INCOME TAX RETURN		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

..... **Accountants/Tax Agents Statement**

The above information accurately reflects the financial statements of the **Builder** (named below) from which income tax returns are prepared and lodged with the Australian Taxation Office.

Builder Name:

Building Company / Trading Name:

Accountants Signature: Name: Date:

7.4 Balance Sheet

For the last three (3) financial years ending 30th June.

Instructions:

Related Party Loans (in both **current assets and current liabilities**) relate to those loan balances attributable to shareholders, directors or beneficiaries or relatives and/or related entities (common directorship or shareholding) of shareholders, directors or beneficiaries.

CURRENT ASSETS	Insert Year:	20 <input style="width: 40px; height: 20px;" type="text"/>	20 <input style="width: 40px; height: 20px;" type="text"/>	20 <input style="width: 40px; height: 20px;" type="text"/>
Cash Assets		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Receivables		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Inventories and WIP		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Related Party Loans*		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
* If a Div. 7A Loan Agreement is included, please state proportions;			Current	Non Current
Other (detail)		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL CURRENT ASSETS		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NON CURRENT ASSETS		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL ASSETS		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
CURRENT LIABILITIES		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Bank Overdraft		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Payables		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Tax Liabilities (include GST)		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Hire Purchase Liability (current only)		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Related Party Loans		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other (detail)		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL CURRENT LIABILITIES		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NON CURRENT LIABILITIES		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL LIABILITIES		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NET ASSETS		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
EQUITY / TRUST FUNDS		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Paid up Capital / Settlement Sum		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Ret Profits / (Acc Losses) – at start of year		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Less Dividends Paid		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Profit / (Loss) for year		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL EQUITY / TRUST FUNDS		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

..... **Accountants/Tax Agents Statement**

The above information accurately reflects the financial statements of the **Builder** (named below) from which income tax returns are prepared and lodged with the Australian Taxation Office.

Builder Name:

Building Company / Trading Name:

Accountants Signature: Name: Date:

Section 8 Construction All Risk Insurance

8.1	Construction All Risk Insurance EXPIRY Date?	<input type="text"/>
8.2	How much are you insured for?	\$ <input type="text"/>
8.3	What is your public liability limit?	\$ <input type="text"/>
8.4	What is your estimated project limit?	\$ <input type="text"/>
8.5	What is your job limit?	\$ <input type="text"/>

Section 9 Builder Authority & Declaration

8.1 Authority


By signing this Authority the persons listed below authorise the Insurer, BEA Insurance Broker Pty Ltd (ACN 143 906 361) (ABN 51 752 451 180) (AFSL No. 360 387) and/or Building Ethics Australia Pty Ltd (ACN 005 057 125) (ABN 41 005 057 125) to (from time to time and at any time):

- Obtain from my/our previous insurer/s any information about Home Indemnity Insurance claims and prior Home Indemnity Insurance history.
- Make inquiries from third parties to verify claims history, legal proceedings and other information disclosed or statements made by me/us in this Application Form.
- Disclose my/our claims history to any insurance agent appointed by me/us or to any former or future insurer of mine/us.
- Collect and use the personal and sensitive information provided in this Application for the purposes shown in the Privacy Statement of this Application Form.
- Seek information concerning the financial position, business and professional reputation of the Applicants from:
 - Professional and/or tradespersons named in this Application Form;
 - Suppliers of materials and services or subcontractors named in this Application Form;
 - Credit reporting agencies;
 - Other insurance companies;
 - All government departments/agencies;
 - The Accountant/s named in this Application Form.

8.2 Declaration

I/we declare and confirm: -

- a. The details in this Application Form are true and correct and fairly and accurately represent the affairs of the Applicant/s.
- b. My/our attention has been drawn to the Important Notice to the Applicant/s at the beginning of this Application Form and acknowledge my/our understanding of their content by my/our signature/s below.
- c. That I/we acknowledge and understand that if insurance is granted under a policy issued by the Insurer and its agent(s) that it is the building owner who is the beneficiary under the policy and not me/us as the Applicant/Builder.
- d. That I/we acknowledge that the Insurer and/or its agent(s) reserves the right to reject an Application for Insurance and seek additional information from me/us as required from time to time
- e. That I/we will provide, if requested, profit and loss figures as at June 30th prior to lodgement of a taxation return with an undertaking that figures will not change when the return is lodged.
- f. That I/we acknowledge that a risk management and quality assurance program acceptable to the Insurer and/or its agent(s) is required to be in place and maintained at all times.
- g. That I/we acknowledge that completion of this Application or acceptance by the Insurer Ltd and/or its agent(s) does not create any Contract of Insurance or give the right to Insurance unless a Certificate of Insurance has been issued for Home Indemnity Insurance.
- h. That I/we acknowledge and agree that should my/our Estimated Annual Total Contract Value (as detailed in Section 5 of this Application Form) be exceeded by more than 25% then I/we will undertake to notify BEA and I/we may be required to be re-assessed for Home Indemnity Insurance Eligibility. I/we may also be asked to pay additional premium in respect to an existing policy.
- i. That I/we acknowledge that in arranging and effecting this policy, BEA Insurance Brokers Pty Ltd (BEAIB) (ACN 143 906 361) (ABN 51 752 451 180) (AFSL No. 360387). In arranging this insurance, both BEA & BEAIB will be acting under a binder provided by the Insurer, Calliden Insurance Ltd (ABN 47 004 125 268) (AFSL No. 234 438) and therefore we act as an agent of the Insurer not the insured.

 The persons listed in Sections 2 and 3 of this Application Form MUST sign here:

Full Name	Signature	Date
1.		
2.		
3.		

By signing this Application, the signatory warrants that they are duly authorised to do so on behalf of the **Builder(s)** named in the Application.