

**PROJECT APPLICATION FORM for HOME WARRANTY INSURANCE****Builder Details****Legal Entity Name of Builder:** *(must be as per the building contract and consistent with the builder's licence)***Registered Trading Name of Builder:** *(if applicable)***Builder's Office Address:** *(location address – cannot be a post office box address)* **Post Code:****Builder's Licence Number:** **ABN:****Contact Name:** **Phone:** **Mobile:****Construction Type****Please Indicate: (x)**

CO1. New Single Dwelling	<input type="checkbox"/>	CO5. Swimming Pool only	<input type="checkbox"/>
CO2. New Multi Level ( <b>greater</b> than 3 storeys)	<input type="checkbox"/>	CO6. Residential Renovations ( <i>Non-Structural</i> )	<input type="checkbox"/>
CO3. New Multi Level ( <b>less</b> than 3 storeys)	<input type="checkbox"/>	CO7. Other (Describe):	<input type="checkbox"/>
CO4. Residential Alterations/Additions ( <i>Structural</i> )	<input type="checkbox"/>		

**Contract Type****Please Indicate: (x)**

Fixed Price / Lump Sum	<input type="checkbox"/>
Cost Plus / Construction Management	<input type="checkbox"/>
Project Management	<input type="checkbox"/>
Speculative Development	<input type="checkbox"/>

**Architect Details****Please Indicate: (x)**Was the project tendered through an architect/designer? **Yes**  **No**   
*(If Yes, please provide name and address details below)***Name:** **Phone:****Budget Details** *(Home Warranty Insurance only applies to projects above \$12,000 in value)***Contract Value (include GST)** \$**Owner Details****Name of Owner:** *(include full names of all owner(s) as per contract)***Phone:****Fax:****Current Address:** **Post Code:****Relationship Details****Please Indicate: (x)**Is there any Family or Business relationship other than a normal arms length contract between the Builder and the Owner? **Yes**  **No**   
*(If Yes, please provide details)*



**BuildSafe Insurance Brokers Pty Ltd**

ABN 84 109 623 976 AFSL 279367

5 Peninsula Boulevard, Seaford, Vic. 3198  
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Phone: 1300 763 016 www.buildsafe.com.au  
Fax: (03) 9773 5642 info@buildsafe.com.au



ABN 47 004 125 268  
AFSL 234438

Progress Payments		Please Indicate: (x)	
Will any of the progress payments scheduled under this contract be <b>greater</b> than 35%?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Project Timeframes	
Date Contract signed	/ /
Anticipated Starting Date	/ /
Anticipated Completion Date	/ /

Site Location (a separate Application Form must be completed for each dwelling or unit at the site)	
If there is to be multiple dwellings or units on the one site, please advise how many? <input type="text"/>	
Unit Number(s): (if applicable)	Lot Number(s): or -
Street Number(s):	
Address:	
Post Code:	

Engineer Details		
Name of Engineer for Footings and Slab Design: (if applicable)	Phone:	Fax:
<input type="text"/>	( )	( )

Soil Classification		(If other, please provide details below)
A <input type="checkbox"/>	E <input type="checkbox"/>	H <input type="checkbox"/>
M <input type="checkbox"/>	P <input type="checkbox"/>	S <input type="checkbox"/>
Other:		<input type="text"/>

Builder Declaration		
I/we hereby declare that I/we have not withheld any information likely to effect Calliden's decision to accept this insurance and further, that if I/we pay the premium for the owner's insurance I/we have done so for the owner.		
Signed:	Name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment of Premium (payment must be made with this Project Application Form, or cover cannot be issued)	
<b>Methods of Payment:</b>	
1. By cheque, payable to your Insurance Broker.	
2. By credit card. Please note that only Visa or Mastercard can be accepted. We regret that a Credit Card surcharge may apply as your Insurance Broker is not the insurance provider. The Credit Card Surcharge covers merchant fees and additional administration costs incurred by your Insurance Broker. The Credit Card surcharge is shown in your Rate Chart and should be added to the premium, if using a Credit Card. If so, please complete details as shown below.	

Credit Card Details		Please Indicate: (x)	
Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Card No:	<input type="text"/>
Expiry Date:	/ /	Amount (\$)	<input type="text"/>
Name on Card:	Signed: <input type="text"/>		

**RETURN COMPLETED FORMS to HOME WARRANTY INSURANCE DIVISION**



Insurance is provided by Calliden Insurance Limited ABN 47 004 125 268 AFSL 234438