



**PROJECT APPLICATION FORM
BUILDERS WARRANTY INSURANCE**
(PLEASE COMPLETE IN BLOCK/CAPITAL LETTERS)

BUILDER DETAILS

Name of Builder: *(must be as per building contract and builder licence)*

Registered Trading Name of Builder: *(if applicable)*

Builder's Licence No:

Builder's Office Address: *(location address – not post box address)*

ABN:

Contact Name:

Phone:

Fax:

Mobile:

OWNER DETAILS

Name of Owner: *(Include full names of all owner(s) as per contract)*

Phone:

Current Address:

Post Code:

Is this address the same as where the building works are to be done?

Yes

No

Is there any Family or Business *(other than contractual)* relationship between Builder and Owner? (X:)

Yes

No

If Yes, please give details:

Was this project tendered for an architect/designer?

Yes

No

If Yes, please give architect contact details:

BUILDING WORKS SITE LOCATION

Unit Number (s): *(if applicable)*

Lot Number: *(if applicable)*

or,

Street Number:

Address:

Postcode:

Please indicate which type of construction is to apply (X)

New Single Dwelling

Structural Alterations/Additions/Extensions -Structural Works

New Low Rise Unit/Townhouse/Villa

Non - Structural Works – Improvements/Renovations

New Multi Unit – 3 Stories or less

Swimming Pool Only

Other residential Building Works -Description:

Number of Stories:

One

Two

Three

Number of Units/Dwellings in this contract:

