



**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:



Type of Contract

Fixed Price / Lump sum Contract – Contract price (Including GST) : \$

Cost Plus/Construction Management Contract – Project Budget plus Builder margin (Including GST) : \$

Speculative/Display Homes – Replacement Cost include Builder margin (Including GST) : \$

Date Building Contract Signed: / /

Estimated Start Date / /

Estimated Completion Date / /

Will any of the progress payments scheduled under this contract be in excess of 35% of the overall Contract value Yes No

Soil Classification: (X) A S M H E P Other (State other)

Contact Details of structural engineer who is preparing the footings

BUILDERS 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.

Name:

Signed:

Date: / /

PAYMENT OF PREMIUM

Methods of Payment:

- 1. By Cheque. -Payable to Savill Hicks Corporation Pty Ltd
 - 2. By Electronic Transfer. -Payment electronically deposited into our bank account. Contact us for options and details.
 - 3. By credit card. -Please note that only Visa and Mastercard can be accepted. A Credit Card surcharge applies.
- The Credit Card Surcharge covers merchant fees and additional administration costs incurred by Savill Hicks Corporation Pty Ltd. 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: (x) Visa Mastercard

Card Number:

Expiry Date: /

Amount Authorised: (include Credit Card Surcharge)

Name on Card:

Signed:

Date: / /

RETURN COMPLETED FORMS TO WARRANTY INSURANCE DIVISION:

Email: hbbc@shcorp.com.au
Post: PO Box 1305 Parramatta New South Wales 2124
Fax: (02) 9806 2099

INSURANCE PROVIDED BY: Calliden Limited ABN 43 110 186 224 AFS Licence 284889