

IMPORTANT NOTICES

About Great Lakes Australia

Great Lakes Reinsurance (UK) SE (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603) trading as Great Lakes Australia ('Great Lakes Australia') is the insurer of this Policy.

Great Lakes Australia is a branch office of Great Lakes Reinsurance (UK) SE, a limited liability company incorporated in England and Wales and a wholly owned subsidiary of Münchener Rückversicherungs-Gesellschaft AG ('Munich Re'), part of Munich Re (Group).

The Agent

Residential Builders Underwriting Agency Pty Ltd (ABN 55 604 481 521, AFSL 477528) ('RBUA') arranges policies for and on behalf of Great Lakes Australia.

RBUA acts under a binding authority given to it by the insurer to administer and issue policies, alterations and renewals. In all aspects of arranging this Policy, RBUA acts as an agent for the insurer and not for you.

General Insurance Code of Practice

Great Lakes Australia is a signatory to the General Insurance Code of Practice (the Code). The Code aims to raise standards of service between insurers and their customers. Great Lakes Australia's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact us or the Financial Ombudsman Service on 1300 78 08 08 or visit www.codeofpractice.com.au

Duty of Disclosure

This Policy is subject to the *Insurance Contracts Act 1984*. Under that Act you have a Duty of Disclosure.

Before you take out insurance with us you have a duty to tell us of everything that you know, or could be reasonably expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same legal duty to inform us of those things before you renew, extend, vary or reinstate your contract of general insurance.

Your duty however does not require disclosure of things that:

- reduce the risk
- are common knowledge
- we know or, in the ordinary course of our business, ought to know or
- we have indicated we do not need to know.

If you do not comply with your Duty of Disclosure, we may be entitled to:

- reduce our liability for any claim
- cancel the contract

- refuse to pay the claim
- avoid the contract from its beginning, if your non-disclosure was found to be fraudulent.

Privacy Statement

Both Great Lakes Australia and RBUA respect your privacy. Any personal information provided by you will be treated in accordance with the *Privacy Act 1988* (Cth). This privacy notification provides a summary of how Great Lakes Australia and RBUA treat your personal information.

Great Lakes Australia and RBUA primarily collect your personal information via this form to assess your request for insurance and to administer your Policy but may also use this information to settle an insurance claim, provide other insurance services as requested by you, and also to notify you about other services or promotions from time to time.

If you do not provide the information requested you may breach your Duty of Disclosure, your application may not be capable of being accepted, additional conditions may be imposed on any cover provided or your Policy may not be able to be administered.

In order to provide its insurance services Great Lakes Australia and RBUA may need to disclose your personal information to third parties including, but not limited to: agents, underwriters, advisors and brokers; claims management and other service providers; claims adjusters, loss assessors and other claims investigators; lawyers; reinsurers and reinsurance brokers; and the Financial Ombudsman Service, some of whom may be located in overseas countries, or as required by law (for a full list see Great Lakes Australia's and RBUA's Privacy Policy). In the event of a claim, Great Lakes Australia and RBUA may disclose your personal information (including sensitive information) to overseas reinsurers for the purpose of assessing your claim. Great Lakes Australia and RBUA will only share information with third parties where Great Lakes Australia and RBUA reasonably believe it is necessary in assessing your insurance claim and in providing the products and services requested.

Great Lakes Australia's and RBUA's Privacy Policy contains information about how to access and correct the personal information about you and also how to complain about a breach of privacy. If you require additional information or would like a copy of our privacy policies, our privacy officer's contact details are:

For Great Lakes Australia

Mail: Munich Re Australia, PO Box H35, Australia Square NSW 1215 Australia

Email: privacyofficer@munichre.com

Call: 02 9272 8000

For RBUA

Mail: Steadfast Underwriting Agencies, P O Box A2016 Sydney South NSW 1235

Email: privacyofficer@steadfastagencies.com.au

Call: 02 9495 6500

I. Application Details

Name of Builder Applicant (legal name to appear in contract):

Trading Name (if applicable):

Business Type (tick box):

Sole Trader

Company

Partnership

Trust

ABN Number:

Year Started Trading:

Industry Association, if any:

Membership Number:

Are you a Franchisee?

Yes

If yes, please provide the name of Franchisor.

No

Business Address:

State:

Postcode:

Postal Address:

State:

Postcode:

Key Contact Person:

Telephone Number:

Fax Number:

Mobile Number:

Email:

II. Licence Details

Name on Licence	Issuing State	Licence Number	Year First Issued	Expiry Date

III. Eligibility Profile

Do you hold eligibility in another state?

Yes

If yes, please specify which state. _____

No

Applying for eligibility in:

Western Australia

South Australia

Annual works requiring Home Warranty Insurance (expected turnover): \$ _____

Construction Type	Maximum Job Value	Number of Jobs
Single Dwelling	\$	
Alterations – Structural	\$	
Multi-Dwelling	\$	
Swimming Pool	\$	
Kitchens / Bathrooms	\$	
Alterations – Non-Structural	\$	
Architect Tendered Projects	\$	

IV. Business and Personal Background Information

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you currently have Home Warranty Eligibility with another Insurer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you or any business in which you were involved as director or principal ever been insured with another Home Warranty Insurer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you or any business in which you were a director or a principal ever been declined Home Warranty Insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has your previous Home Warranty Insurer ever paid a claim, or are you aware of any circumstances that may give rise to a claim? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you or any business in which you were involved in as director or principal been placed into external administration, liquidation, receivership or a scheme of arrangement (formal or informal) to repay outstanding creditors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you ever been declared bankrupt or entered into a deed of assignment or been subject to legal judgements or are currently involved in any legal proceedings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Have you previously been disciplined by any Court or Statutory Building Dispute Tribunal which resulted in payment or rectification orders against you or any business which you were involved? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you currently have a bank guarantee or deed or indemnity or any other form of security lodged with any other insurer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Is the applicant a subsidiary of another entity or have any subsidiary companies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please provide full details below for any YES answer to any of the above questions. For claims or insured losses, please detail the total cost of the claim, amount of excess applicable, date of incident, how the loss occurred, the name of the insurer and the policy number.

V. Statement of Personal Assets and Liabilities

(Required to be completed by Sole Trader/Principals of a Partnership/Company Directors/Trust Beneficiaries.
Please photocopy this portion if necessary)

Name:

Date of Birth: / /

Assets	\$ Value	Liabilities	\$ Value
Principal residence at		Mortgage with	
	\$		\$
Other property at		Mortgage with	
	\$		\$
Motor vehicles		Vehicle finance with	
	\$		\$
	\$		\$
Other investments (please specify)		Finance with	
	\$		\$
	\$		\$
Cash on deposit with		Bank overdraft with	
	\$		\$
	\$		\$
Work in progress	\$		\$
Trade Receivables	\$	Trade Creditors	\$
Tools and Equipment	\$		
Other Assets	\$	Other liabilities	\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET ASSETS	\$

Declaration: I hereby certify that the above is a full and true statement of my personal assets and liabilities as at the noted date.

Signature:

Date: / /

VII. Builder Declaration

(To be executed by the sole proprietor/all business partners in a partnership/sole director if a sole director company or at least two directors of the company for other companies)

1. I/We declare that all information in this application and any attachment is true and correct, and no information has been withheld that would affect RBUA's decision to accept this application.
2. I/We declare that by completing this application and making this declaration, I/we appoint the intermediary to whom this application is provided as my/our broker for purpose of applying for eligibility to purchase individual job specific policies for home warranty insurance.
3. I/We acknowledge that if our application for eligibility for home warranty insurance is accepted by RBUA, or its intermediary, it does not create any contract of insurance or give the right to insurance. I/We will need to apply separately for insurance for a particular construction project.
4. I/We acknowledge that RBUA has the right to reject this application.
5. I/We acknowledge that RBUA reserves the right to revoke eligibility of the applicant to purchase individual job specific policies under certain circumstances.
6. I/We authorise RBUA or its intermediary to give to, obtain from other insurers or an insurance or credit reference bureaus, and government departments any information relating to this insurance, including this completed application and my/our insurance claims.
7. I/We believe that the applicant is currently solvent and in its capacity can meet all its financial obligations as and if they fall due.
8. I/We authorise RBUA or its intermediary to confirm my/our financial details with my external accountant, named below:

Accountant Name:

Address:

State:

Postcode:

Email:

Phone Number:

Declared by

1. Name:

Signature:

Date: / /

2. Name:

Signature:

Date: / /

Broker

Name:

Broker:

Contact Name:

Phone Number: