

IMPORTANT INFORMATION

please read this first

first assess

for new entrants in the building industry who have not previously traded as a registered builder

The following do not qualify for First Assess and must undergo a full assessment

- Trusts;
- Pool builders;
- Builders intending to build architect-tendered projects; and
- Builders intending to build multi unit development projects.

Privacy Statement

The Privacy Act 1988 (Cth) (as amended) now applies and requires us to inform you that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purposes of:

- providing insurance services to you,
- evaluating your project application;
- evaluating any request for amendment to any insurance provided,
- issuing, administering and managing the insurance provided following acceptance of an application; and
- investigating and, if covered, managing claims made in relation to any insurance you have with us or other companies within the Promina Group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

The personal information collected can be used or disclosed by us as required by any relevant home building insurance legislation.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other companies within the Promina Group,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claims investigators, reinsurers,
- other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- other service providers, hospitals, medical and health professionals.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at Vero Insurance Limited, 465 Victoria Avenue, Chatswood NSW 2067.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

Section 01 business details

Business Details

Your business trades as a

- Sole Trader Meaning 1 owner, unlimited liability to sole owner
Partnership 2 or more owners, unlimited liability to all partners
Company

Name of Business

Name of Designated Practitioner/License Holder

ABN

Office Address

State Postcode

Postal Address

State Postcode

Business Telephone ()

Business Fax ()

Mobile

Email Address

Building Licence

Please complete for each licence held

Primary state where business carried out

Licence Number

Name on Licence

Other state(s) where business carried out 1

Licence Number

Name on Licence

Professional Association Membership

Association Name

Membership Number

Expiry Date / /

Section 02 history

Previous Building Experience

Details of your experience in the building industry
(eg Subcontractor, Carpenter, Bricklayer, etc)

Name of Business

Position Held

Dates Position Held / / to / /

Background Questions

1. Have you, or any business for which you were a director or principal, ever insured with another home warranty insurer?
No Yes Please provide details next column
2. Are you presently insured with another warranty insurer for on going work?
No Yes Please provide details next column
3. Have you, or any business for which you were a principal or director, ever had a builder's licence refused or cancelled in any state or territory in Australia?
No Yes Please provide details next column
4. Have you or any business for which you were a director or principal, ever been declined home warranty insurance?
No Yes Please provide details next column
5. Have there ever been any matters handled by the Statutory Building Disputes Tribunal that resulted in orders for rectification or payment against you or any business for which you were a director or principal?
No Yes Please provide details next column
6. Have you ever been a director, principal or manager of a business which ever was in external administration, liquidation, receivership or any arrangement (formal or informal) to repay outstanding debts to creditors?
No Yes Please provide details next column
7. Have you ever been in bankruptcy or under a trustee in bankruptcy?
No Yes Please provide details next column
8. Have you ever previously held Vero Warranty with Vero in a different business name?
No Yes Please provide details below
9. Do you currently have any of the following documents lodged with another warranty insurer?

Document	Insurer	Amount
Bank Guarantee	<input type="text"/>	\$ <input type="text"/>
Deed of Indemnity	<input type="text"/>	\$ <input type="text"/>
Other Security	<input type="text"/>	\$ <input type="text"/>

Please provide details for any questions answered YES from above.

Section 03 required supporting documents

- A copy of current builder's licence. The licence must be in the name of the same entity as that used in applying for eligibility (other than Victoria, where the licence must, in the case of a partnership, company or trust, be in the name of an individual partner, director or trustee respectively).
- The following financial reports not older than 6 months, are required for companies only:
 - Current profit and loss statements including trading statements
 - Current balance sheet and notes to accounts (a minimum of an opening balance sheet must be provided for new companies).

Section 04 industry qualifications – accredited courses

Please advise details of qualification and attach certificates.

Name of Qualification	Institution	State	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 05 personal assets and liabilities for all sole traders, partners and directors

*If business is a partnership, each partner must complete this section (photocopy if necessary).
Please complete sections where applicable. Use a separate sheet for further details.*

Business Name ABN

Name of Sole Trader/Partner/Director Licence No.

Date of Birth / /

Note: ASIC searches may be obtained to verify

Assets	Value	Liabilities	Value
Property		Property	
Principal residence at		Mortgage loan with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
House at		Mortgage loan with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
House at		Mortgage loan with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Business premises at		Mortgage loan with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other properties/vacant land at		Mortgage loan with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Motor Vehicles		Motor Vehicles	
Motor Vehicle		Finance with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Motor Vehicle		Finance with	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Investments		Investments	
<input type="text"/>	\$ <input type="text"/>	Finance with	
Valuation of Shareholding Company	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other		Other	
Cash on deposit with Bank	\$ <input type="text"/>	Bank overdraft with	\$ <input type="text"/>
Business equipment and tools of trade	\$ <input type="text"/>	Equipment finance with	\$ <input type="text"/>
Work in progress		Credit cards and other personal debts	\$ <input type="text"/>
Trade receivables, loans and other monies owed to you	\$ <input type="text"/>	Trade payables, loans and other monies owed to you	\$ <input type="text"/>
Total Assets	\$ <input type="text"/>	Total Liabilities	\$ <input type="text"/>

Section 06 builder declaration

The Applicant(s) acknowledge that if insurance is granted in respect of any building under the policy issued by the insurer Vero it is the owner who is insured and not the Applicant(s) as the builder.

The Applicant(s) confirm that the details on this application form are true and give an accurate representation of the affairs of the Applicant(s).

The Applicant(s) acknowledge that the insurer reserves the right to reject any application for insurance and seek additional information from the Applicant(s) from time to time.

Completion of this application or acceptance by the insurer does not create any contract of insurance or give the right to insurance. A separate application must be made in respect of each site address.

For personal applicants

The Applicant(s) consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

For all applicants

If the Applicant(s) have disclosed personal information in this application or any individual project application about any other person, the Applicant(s) confirm that the Applicant(s) are authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Vero, its officers and insurers, are hereby authorised (from time to time and at any time) to seek such information as they may require concerning the financial position of the Applicant(s) from:

1. Suppliers of materials and services, or subcontractors; and/or
2. Credit reporting agencies; and/or
3. The accountants named in this application and providing financial information on my behalf from time to time. Such accountants are authorised and instructed to provide such information to Vero as it requires whenever requested to do so.

The Applicant(s) agree to reimburse Vero for their reasonable costs of investigating any claim. This only applies if the Applicant(s) act unreasonably in respect of the claim.

The information Vero seeks in this form is important to Vero. Vero needs it and relies upon it to assess the Applicant(s) eligibility. The Applicant(s) and each person executing the form acknowledge this and further acknowledge that, in the event that the form contains untrue details or gives an inaccurate representation of the affairs of the Applicant(s), Vero may cancel eligibility and claim against them for any loss Vero suffers.

Important Note

If the Applicant is a Sole Trader – this application form must be signed by the Sole Trader.

If the Applicant is a Partnership – this application form must be signed by all Partners.

If the Applicant is a Company – this application form must be signed by all directors of the Company.

Signature for and on behalf of the Applicant 1	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature for and on behalf of the Applicant 2	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature for and on behalf of the Applicant 3	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

If there are more partners or directors of the company, please attach signature to a separate page and include with the application.

Accredited Insurance Broker details

- Name
- ABN
- Address
- Telephone
- Fax
- Broker Reference No.