

CERTIFICATE OF INSURANCE CANCELLATION FORM

Application to cancel a Certificate of Insurance

A certificate cancellation will only be considered if **all** of the following apply:

- the building contract has been terminated; and
- no works have commenced on the site; and
- there are no disputes between any parties of the contract; and
- there are no monies owing to any party on the contract.

If deposit funds have been paid by an owner and not returned, the Certificate of Insurance cannot be cancelled.



IMPORTANT

This form **must be completed and signed** by either the Registered Building Practitioner associated with the Builder named on the Certificate of Insurance or the person nominated by the Builder in writing and approved by the VMIA to make applications on behalf of the Builder. If not, the cancellation will not be approved.

Who should complete this form

Builders seeking to cancel a Victorian Managed Insurance Authority (VMIA) insured Domestic Building Insurance (DBI) policy, who have nominated **Master Builders Insurance Brokers Pty Ltd** to be their DBI distributor.

How to use this form

Fill out this form electronically using Adobe Acrobat Reader, sign and witness by hand and email to: dbi@mbib.com.au or print, complete by hand and post to:

Master Builders Insurance Brokers Pty Ltd, Level 3, 332 Albert Street, East Melbourne VIC 3002

If you have any questions or require assistance with this form, please contact your DBI Distributor **Master Builders Insurance Brokers** on 1800 150 888

SECTION 1. DETAILS ABOUT THE CERTIFICATE OF INSURANCE

Legal entity name

Registered Building Practitioner (RBP) number associated with the Builder

 -

Policy number

Date Policy issued

 / /

Date of building contract

 / /

Address of the site of domestic building works

Lot no. Unit no.

Street name Street type

Suburb State Postcode

SECTION 2. OWNER DETAILS

Owner/s named in building contract

First name Last name

First name Last name

First name Last name

Organisation name (if applicable)

Current postal address

Street name Street type

Suburb State Postcode

Phone

Mobile

Email



IMPORTANT

The Owner's current postal address and email **must** be provided. A notice of Intent to Cancel will be posted to the Owner's postal address.

Please state the reason for the cancellation of the certificate:

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You must attach a copy of the VMIA Domestic Building Insurance Certificate 

Failure to provide a copy of the certificate will delay the processing of the application to cancel

CONTINUE TO SECTION 3. DECLARATION

SECTION 3. DECLARATION

This statutory declaration **must be completed and signed** by either the Registered Building Practitioner associated with the Builder named on the Certificate of Insurance or the person nominated by the Builder in writing and approved by the VMIA to make applications on behalf of the Builder. If not, the cancellation will not be approved.

State of Victoria

STATUTORY DECLARATION

I,

[full name]

of

[address]

do solemnly and sincerely declare that:

1. I have the authority to make this application to cancel the Certificate of Insurance on behalf of the Builder.
2. The building contract between the Builder and the owner/s has been terminated.
3. No work has commenced at the Property.
4. No money is owed to any party in relation to the building contract.
5. There are no disputes between any party in relation to the building contract


This declaration is true and correct and I make it with the understanding that a person who makes a false declaration is liable to the penalties of perjury.

DECLARED AT

DATE

/ /


SIGNATURE OF PERSON MAKING THIS DECLARATION



[to be signed in front of an authorised witness]

PRINT FULL NAME

BEFORE ME



Signature of authorised witness

PRINT FULL NAME

The authorised witness must print or stamp his or her name, address and title under section 107A of the *Evidence [Miscellaneous Provisions] Act 1958 as of 1 January 2010*, [previously *Evidence Act 1958*], e.g. (Justice of the Peace, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist).

Where to send this form

EMAIL dbi@mbib.com.au

POST Master Builders Insurance Brokers Pty Ltd, Level 3, 332 Albert Street, East Melbourne VIC 3002

CANCELLATION FORM

INSURANCE BROKER

RETURN COMPLETED FORMS TO HOME WARRANTY INSURANCE DIVISION:

Master Builders Queensland Insurance Services

A Division of Queensland Master Builders Association ABN
96 641 989 386 AFS Licence 246834

Master Builders House, 18 Central Park Avenue, Ashmore Queensland 4214

Telephone 1300 13 13 24 Facsimile 1300 13 13 28

warrantyassessment@mbqld.com.au www.masterbuilderswarranty.com.au