

# Nominated Employee Form



## Who should complete this form

Builders seeking to nominate and authorise additional persons (other than their DBI Distributor) to make and complete on behalf of the Builder, any application (including applications made via BuildVic) to the Victorian Managed Insurance Authority (VMIA) for:

- Domestic Building Insurance (DBI) certificates; and/ or
- amendments and/ or cancellations of DBI certificates.

## How to use this form

Fill out this form electronically using Adobe Acrobat Reader or and complete by hand before posting the original signed form to: Victorian Managed Insurance Authority (VMIA), Attention to: DBI Nomination, PO Box 18409, Collins Street East VIC 3000

## Builder Information

### Legal Entity Name

ABN

ACN

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Sole Traders or Partnerships:** The ABN provided cannot be associated with a Trust **Companies:** The ACN must be provided

## Nominee Information

### Nominee Details

First Name  Last Name

Street no.  Street name  Street type

Suburb  State    Postcode

Email

Relationship to Builder   
(e.g. employee, spouse)

Position (if employee)



### Important

You must provide an email address. A BuildVic portal login will be created for this email address only.

## Please ensure you carefully read and sign at the end of the form

The Builder, and its directors and partners, hereby nominates and authorises the Nominee specified on page one of this form to make and complete on behalf of the Builder, any application to the Victorian Managed Insurance Authority (VMIA) for:

- A) DBI; and/ or
- B) amendment of the DBI certificate and/ or to cancel the DBI certificate

(each of which is known as an Application) including any Application made via BuildVic (Portal).

This nomination and authority remains in force until such time that the Builder provides written notice to the VMIA that the Nominee no longer has such authority.

## Terms and Conditions

In making this nomination and giving this authority the Builder and its directors and partners acknowledge and agree that:

A. The Nominee is authorised to apply to the VMIA to be an authorised user of the Portal on behalf of the Builder to input and access information about the Builder and its building activities and to make Applications on behalf of the Builder and make payments on behalf of the Builder.

B. Any and all information, statements, representations and acknowledgments given by or made by the Nominee in any Application or in relation to any Application made on behalf of the Builder whether made via the Portal or otherwise are and are deemed to be information, statements, representations and acknowledgments given by or made by the Builder.

C. The VMIA will rely upon any and all information, statements, representations and acknowledgments given or made by the Nominee in any Application or in relation to any Application on behalf of the Builder whether made via the Portal or otherwise as if such information, statements, representations and acknowledgments were given or made by the Builder.

D. If any information, statement, representation and/or acknowledgment given or made by the Nominee in any Application or in relation to any Application on behalf of the Builder via the Portal or otherwise is inaccurate, incomplete, incorrect, misleading, deceptive and/or untrue the Builder and its directors and/ or partners jointly and severally agree to indemnify the VMIA for any loss, damage, cost, payments (including but not limited to payments made as a result of claims made under DBI), interest, liability, expenses, fees and premiums which the VMIA incurs, suffers or which remain unpaid in relation to any Application made on behalf of the Builder or in relation to any DBI issued for works undertaken or to be undertaken by the Builder as a result of any Application made on behalf of the Builder.

E. This nomination and authorisation of the Nominee by the Builder does not reduce, limit, lessen or negate any other liability, indemnity and/ or responsibility the Builder and each of its directors and/ or partners have or may have in relation to any Application made on its behalf or any DBI issued by the VMIA to the Builder whether such DBI was issued as a result of an Application by the Nominee on behalf of the Builder or an Application made by the Builder or any other person on behalf of the Builder or made via the Portal or otherwise.



### Important

Ensure that the form is fully signed by all relevant persons and attach additional pages as required.

Please return the **original dated and signed** form to the VMIA. E-signatures and photocopies will not be accepted.

### Who should sign this form?

This document should be signed by the nominee and the builder or if the builder is a partnership; all partners or, if the builder is company then as follows; two directors or a director and a company secretary or for companies with a sole director who is also the sole company secretary, by that director.

\_\_\_\_\_  
SIGNATURE OF NOMINEE

\_\_\_\_\_  
SIGNATURE OF REGISTERED BUILDING PRACTITIONER

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
PRINT FULL NAME

DD / MM / YYYY

DD / MM / YYYY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DIRECTOR / PARTNER  
(Please indicate which is applicable)

\_\_\_\_\_  
SIGNATURE OF DIRECTOR / PARTNER / SECRETARY  
(Please indicate which is applicable)

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
PRINT FULL NAME

DD / MM / YYYY

DD / MM / YYYY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

### Where to send this form

POST Victorian Managed Insurance Authority (VMIA), Attention to: DBI Nomination, PO Box 18409, Collins Street East VIC 8003

## NOMINATED EMPLOYEE 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](mailto:warrantyassessment@mbqld.com.au) [www.masterbuilderswarranty.com.au](http://www.masterbuilderswarranty.com.au)