

Certificate of Insurance Application

You can now purchase DBI online

From 1 July 2017, Builders can manage and purchase Domestic Building Insurance (DBI) via the online portal BuildVic. If you do not wish to purchase DBI via BuildVic, complete this form and submit the application to your nominated DBI distributor for processing.

Important



You must contact **Master Builders Insurance Brokers** as your nominated DBI Distributor immediately if there has been any change to your eligibility details e.g. change in business structure, directors, building practitioners etc.

Who should complete this form?

Builders holding current eligibility with the VMIA seeking to apply for DBI cover who have nominated **Master Builders Insurance Brokers** to be their DBI Distributor

How to use this form?

Fill out this form electronically using **Adobe Acrobat Reader** 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**

Section 1. Builder Information

Legal Entity Name

This name must EXACTLY MATCH the Builder named in the building contract. If these details are not correct the VMIA may refer the matter to the Victorian Building Authority (VBA) to enquire into the conduct of the relevant Registered Building Practitioners.

ABN

ACN

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

Section 2. Project Type

C01: New Single Dwelling

C03: New Multi-Dwelling Construction

C04: Alteration/Additions/
Renovations – structural
(contains structural works)

C05: Swimming Pool

C06: Refurbishment – Nonstructural

C07: Other

(e.g. landscaping, retaining wall)

Have works already commenced on this project by another builder?

No Yes – describe the scope of work to be covered by this certificate of insurance application

(e.g. contract to complete dwelling from frame stage to completion)

Section 3. Property Details

 Number of properties to be insured at this site

Site Address

Lot no. Unit no/s. Street no.
 Street name Street type
 Suburb State Postcode
 Job Number (Internal Builder's Reference/Project Number)

Please provide details for each property to be insured at this site address



Important

If you are seeking certificates for **ten** or more properties, the application will require review by the VMIA. Please provide a separate table which includes the complete breakdown, along with the additional documentation listed in Section 6. Checklist.

Property no.	Lot and/or unit	Contract Value (GST inc.)
Property 1	<input type="text"/>	\$ <input type="text"/>
Property 2	<input type="text"/>	\$ <input type="text"/>
Property 3	<input type="text"/>	\$ <input type="text"/>
Property 4	<input type="text"/>	\$ <input type="text"/>
Property 5	<input type="text"/>	\$ <input type="text"/>
Property 6	<input type="text"/>	\$ <input type="text"/>
Property 7	<input type="text"/>	\$ <input type="text"/>
Property 8	<input type="text"/>	\$ <input type="text"/>
Property 9	<input type="text"/>	\$ <input type="text"/>
TOTAL VALUE		\$ <input type="text"/>



Important

Contract Value relates to building works only. Do not include land value.

[Continue to Section 4. Contract Details](#)

Section 4. Contract Details

Type of Owner

- Individual/s or Organisations – complete below and continue to Section 5
- Speculative Builder – complete below and continue to Section 6

Building contract date

 /

 /

Estimated start date

 /

 /

Estimated completion date

 /

 /

Total contract price for all properties \$ (GST inc.)



Important

Individuals and Organisations continue to Section 5. Home Owner Details (as per Building Contract). Speculative Builders continue to Section 6. Checklist.

Section 5. Home Owner Details (as per Building Contract)

Individual/s

Individual Name/s

First Name	<input type="text"/>	Last Name	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>

Organisation

Organisation Name

E.g. company, owners corporation name (include owners corporation number)

ABN

ACN

[Continue to Section 5. Home Owner Details \(as per Building Contract\) continued](#)

Section 5. Home Owner Details (as per Building Contract) continued

Contact Details

Main Contact Person

First Name

Last Name

Preferred Contact Number

Owner's Email Address



Important

The Owner's email address must be provided. A Certificate of Insurance will be sent to both the Builder and this email address.

Postal Address

Street no.

Street name

Street type

Suburb

State

Postcode

Section 6. Checklist

For all applications please:

- Ensure the form is fully completed.
- Ensure you have read, signed and dated the terms and conditions in Section 7 (failure to do so may delay your application).

For Contracts with TEN or more properties, the following supplementary information is required to be attached:

- A complete breakdown of the details for each property to be insured at this address (including Lot and/or Unit Number and Contract Value (GST inc.).
- Copy of the executed Building Contract/s.
- Site plans and ground floor plans.
- Evidence of ownership (subject property must be in the same name as the owner (developer) listed in the building contract) i.e. a copy of a title search of the property and if the developer is not yet the registered proprietor, either a copy of the signed Transfer of Land or a copy of the signed Contract of Sale.
- Please attach a copy of the final and accepted loan approval as issued by the Financier.
- Please attach evidence of funds if the project is to be fully or partially self-funded.

[Continue to Section 7. Declaration](#)

Section 7. Declaration



Important

This section must be completed by the Registered Building Practitioner or a person who has been nominated by the Builder (and approved by the VMIA) to complete this application on its behalf by way of execution of a VMIA Nomination and Authority Form.

I acknowledge, on my own behalf and on behalf of the Builder and its partners and directors, that:

- VMIA have the right to decline any application for domestic building insurance.
- VMIA reserve the right at all times to seek additional information from the builder and all other parties to this application.
- The details provided in this application are true and correct.
- The business structure has not changed since it made its eligibility application (e.g. change from sole trader to company).
- There has been no change in directors or partners of the Builder since it made its eligibility application.
- At the date of signing of this application, the Applicant is solvent.
- For certificates of insurance issued on or after 1 July 2015, in addition to cover provided in accordance with the Ministerial Order, the owner is also entitled to make a claim if the Applicant fails to comply with a Tribunal or Court Order.
- I have read and agree to the VMIA's terms and conditions for the provision of DBI. A copy of which can be found at: www.dbi.vmia.vic.gov.au

I authorise, on my own behalf and on behalf of the Builder and its partners and directors:

(a) the VMIA disclosing the Builder's personal information and the directors and partners of the Builder's personal information and any other information provided by the Builder or directors and partners of the Builder including but not limited to any information contained in any application for eligibility for DBI Insurance or application for DBI Insurance or in relation to any claims or recoveries in relation to DBI Insurance including the Builder's and the directors and partners of the Builder's claims and credit history to or obtaining such information from:

other insurers, insurance intermediaries; DBI Distributors; insurance reference bureaux; credit reference agencies; VMIA's advisers; the Victorian Building Authority, building surveyors, and other authorities, entities or persons established or authorised to regulate or report on the building industry or on building works undertaken or to be undertaken by the Builder; those involved in the claims handling process (including assessors and investigators); those involved in any way in connection with building work insured under any DBI insurance; the owners of any building work undertaken by the Builder which is insured by the VMIA (which may include any successor in title to the owner for whom the work was undertaken); family members or agents authorised by me or the Builder; organisations which conduct customer service surveys on the VMIA's behalf; people making enquiries as to whether the Builder is eligible for DBI insurance and people making enquiries for details of any DBI Insurance issued in respect of a nominated property;

for the purpose of assisting the VMIA and them in providing relevant reporting, regulation, services and products, or for the purposes of litigation;

(b) the VMIA disclosing the following personal and/ or other information to any person:

DBI Insurance policy number; date of certificate of insurance; address of building site; name of Builder; whether a claim has been made; and the amount of any indemnity remaining under the DBI Insurance policy limits.



Important

Plain text signatures are not accepted.

Signature

Name

DD / MM / YYYY

Date

Where to send this form

Email dbi@mbib.com.au

Post [Master Builder Insurance Brokers Pty Ltd, Level 3, 332 Albert Street, East Melbourne VIC 3002](#)

office use only COI-APP 0319-1

dbi.vmia.vic.gov.au

Victorian Managed Insurance Authority
ABN 39 682 497 841

PO Box 18409, Collins Street East Victoria 8003
P: 1300 363 424



CERTIFICATE OF INSURANCE APPLICATION

INSURANCE BROKER

RETURN COMPLETED FORMS TO HOME WARRANTY INSURANCE DIVISION:

Master Builders Insurance Services

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

PO Box 162, Ashmore City QLD 4214

Telephone **1300 13 13 24**

warrantyinsurance@mbqld.com.au www.masterbuilderswarranty.com.au

PAYMENT METHOD

PAYMENT OF PREMIUM (PAYMENT MUST BE MADE WITH THIS PROJECT APPLICATION FORM, OR COVER CANNOT BE ISSUED)

Methods of Payment:

1. By cheque payable to Master Builders Insurance Services.
2. By Direct Deposit into Master Builders Insurance Services bank account: **BSB: 084 004 Account: 495 327 856**
Using your Builder Entity name as the reference and attach receipt to your Application Form
3. By MasterCard or Visa Cards. A card surcharge applies, to cover merchant fees and additional administration costs incurred. **We will call to obtain payment details at the time of processing your policy.** Please provide contact details below;

Name on card:

Contact Phone Number