

HBCF Builder project completion advice

This form is **NOT** to be used in the case of contractual disputes or termination of contract before the practical completion of the project. In such cases please contact your Broker for assistance.

References in this form to 'builder' and 'building work' include and apply to work undertaken by **trade contractors** and other **building contractors** such as electricians, plumbers, carpenters, swimming pool builders etc.

Fields marked with an * need to be completed

1. Builder details

Name* (i.e. the legal name under which you contract and as shown on your Contractor Licence)

Licence number*

Business phone

Mobile

Email (preferred)

At least one form of contact is mandatory

2. Homeowner/developer details

Name/s*

Business phone

Mobile

Email*

Email is mandatory

3. HBCF policy, contract price and completion date

Insurance policy number*

Final contract amount (incl. variations)*

Date of practical completion (see below)*

4. Site address as shown on certificate of insurance

Address*

Suburb/town*

State

Postcode*

5. Current street address (if different to above)

Often for construction work in new developments, the address of the site will only be known by a lot and plan number. On completion, the street address may be known. A correct site address is important in order to be able to identify a property on the online [icare HBCF Certificates Register](#).

Address*

Suburb/town*

State

Postcode*

NSW

6. Builder declaration

I confirm that the project has reached a state of practical completion and that:

- The work is complete except for any omissions or defects that do not prevent the work from being reasonably capable of being used for its intended purpose;
- The final invoice for monies due under the building contract has been issued to the homeowner/developer (where the work was undertaken under a building contract); and
- I/we authorise icare HBCF to advise the homeowner/developer that practical completion of the project under the *Home Building Act 1989* has been reached.

Name*

Capacity/position*

Signature*

Date (DD/MM/YYYY)*

Master Builders Insurance Services

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Phone 1300 13 13 24

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