

Cancellation Form

icare HBCF c/- Master Builders Insurance Services PO Box 162 ASHMORE, CITY QLD 4214

We request cancellation of a Home Building Compensation Fund certificate of insurance as the works have not commenced, they are no longer proceeding and the certificate was issued within the past 24 months.

HBCF POLICY DETAILS				
Insurance policy number*	Date of Issue (DD/MM/YYYY)			
SITE ADDRESS AS SHOWN ON CERTIFICATE OF INSURANCE				
Address*				
Suburb/town*	State NSW		Postcode*	
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				
BUILDER DECLARATION				
I/We confirm the building contract has been terminated (or there was never a building contract entered into)				
I/We confirm that no "building work" has commenced – this is to be taken as meaning that there has been no commencement of land clearance				
I/We confirm the certificate has not been provided to any third party (e.g. PCAs, Councils, prospective purchasers, conveyancers, real estate agents, finance providers)				
I/We confirm the certificate will not be included in any promotional or advertising materials				
I/We confirm the certificate of insurance was issued within the past 24 months				
I/We confirm the works are no longer proceeding.				
Name*		Capacity/Position*		
Signature*		Date (DD/MM/YYYY)*		



Cancellation Form

HOMEOWNER/DEVELOPER DETAILS				
Mobile	Email* (mandatory)			
	Mobile			

I/We confirm no "building work" has commenced – this is to be taken as meaning that there has been no commencement of land clearance

I/We confirm any deposit paid by the us as the homeowner has been refunded in full

I/We confirm no claim exists in respect of the project for which the certificate has been issued and that the homeowner or developer agrees not to rely on the certificate

I/We confirm the certificate has not been provided to any third party (e.g. PCAs, Councils, prospective purchasers, conveyancers, real estate agents, finance providers)

I/We confirm the certificate of insurance was issued within the past 24 months

I/We confirm the works are no longer proceeding.

Name*	
Signature*	Date (DD/MM/YYYY)*



A copy of any document terminating the contract between the building entity and the homeowner is to be attached with this cancellation request.



Under no circumstances is a Certificate of Insurance to be cancelled in order that it can be reissued with a new date of issue. There are important provisions under the Act where the rights and obligations of Builders and homeowners are reliant on the date of issue of a Certificate of Insurance.

The certificate of insurance cannot be cancelled unless all of the above criteria as set out within the builder and homeowner declarations have been meet. In the event of this the Builder should contact Master Builders Insurance Services for further assistance.

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 Phone 1300 13 13 24

warrantyassesment@mbqld.com.au masterbuilderswarranty.com.au

