

*Mandatory fields

BUILDER DETAILS					
Name* (i.e. the legal name under which you contract and as shown on your Contractor Licence)					
Licence number*		Email*			
Business phone		Mobile			
At least one form of contact is mandatory					
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	

Please fill out the following relevant section/s. You can fill out just one, or both the 'Amendment Due to Misspelling' section and the 'Contract Variation' section if required.

AMENDMENT DUE TO MISPELLING <i>to be completed as per Council Rates Notice (if change required)</i>					
Change of Owner's name					
Spelling as per Council Rates Notice					
Change of Site Address					
Address*					
Suburb/town*		State	NSW	Postcode*	



A current copy of a rates notice for the site address is required in support of the amendment request.

CONTRACT VARIATION/S	
Contract Type (i.e. Fixed/Lump Sum or Cost Plus etc)	
Original Contract Value as shown on certificate of insurance	\$
New Contract Value	\$
HBCF Premium Allowance	\$
Has the abovementioned HBCF allowance been included in your total contract value?	Yes <input type="checkbox"/> No <input type="checkbox"/>



A copy of the original building contract (if not previously supplied) and all signed variation documents for all contracts excluding Cost Plus is required. These documents should tally to the *New Contract Value* requested above (excluding the HBCF premium allowance if it is included in the contract value).

AMENDMENT/VARIATION AUTHORITY

I/We authorise Master Builders Insurance Services to adjust the abovementioned policy as requested and understand the change in contract value may require payment of an additional premium and relevant charges before a revised policy can be issued.

Builder Authority

Name*		Capacity/Position*	
Signature*		Date Signed (DD/MM/YYYY)*	

Homeowner Authority

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

SEND

SAVE

PRINT

Master Builders Insurance Services

A Division of Queensland Master Builders Association
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 PO Box 162, Ashmore City QLD 4214
 Phone 1300 13 13 24

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