

**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 MISSPELLING *to be completed as per Council Rates Notice (if change required)*

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 Total Contract Value including variation

\$

HBCF Premium Allowance

\$

Has the abovementioned HBCF allowance been included in your total contract value?

Yes ☐

No ☐



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).

CONTRACT VARIATION/S cont.

Revised Scope of works (if applicable)

Revised estimated completion date

/ /

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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