

Owner Builders Warranty Insurance Defects Report QUOTE FORM

applicable in NSW, VIC, WA

Selling your Owner Built project that was built up to 6 years ago?

The information below is required to obtain the Owner Builder's Warranty Insurance and the mandatory Defects Inspection (Report), if you are selling up to 6 years. Call 1300 884 876 or +61 2 8303 0580 if you have any questions.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and send to:-

Post	Fax	Scan & Email
The Building Centre Suite 209, 410 Elizabeth St Surry Hills NSW 2010 Australia Ready for use with a window faced envelope	OR 1300 884 256 or +61 2 8303 0533	OR insurance@buildingcentre.com

URGENT

DATE: ____ / ____ / ____

Do you have a Defects Inspection Report less than 6 months old? YES, copy included NO, please arrange

Scope of the Owner Builder work carried out : _____

Owner Builder Client Details

Title: _____ First name: _____ Surname: _____

Postal Address: _____ Suburb: _____

Postcode: _____ State: _____ Email: _____

Telephone (M): 04 _____ (H): () _____ (Fax): () _____

PRACTICAL COMPLETION/OCCUPANCY CERTIFICATE ISSUED: ____ / ____ / ____ TOTAL AREA OF WORKS CARRIED OUT: _____ m²

TYPE OF STRUCTURE:

Single Storey [Lower Upper on existing lower storey] Double Storey Other

How many Bedrooms _____ Small Additions (one area) Two Areas

SUMMARY: please complete and tick all applicable aspects.

- | | |
|---|---|
| <input type="checkbox"/> Construction of a complete dwelling | <input type="checkbox"/> Renovation of an existing dwelling |
| <input type="checkbox"/> Construction of an upper level, on an existing lower level | <input type="checkbox"/> Construction of a garage or carport |
| <input type="checkbox"/> Construction of an extension to an existing dwelling | <input type="checkbox"/> No. of Balconies _____ <input type="checkbox"/> Construction of a swimming pool |
| <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom(s) # _____ <input type="checkbox"/> Bedroom(s) # _____ | <input type="checkbox"/> Lounge room <input type="checkbox"/> Dining room <input type="checkbox"/> Family room <input type="checkbox"/> Study |

Property Details - Address of Owner Builder Project:

Address: _____ Nearest Cross Street: _____

Suburb: _____ State: _____ Postcode: _____

Approx. Size: Small Medium Large Storeys _____ Bedrooms _____ Kitchens _____ Garage _____

Access Details: Owner Real Estate Agent

Full name: _____ Agency (if applicable): _____

Telephone (M): 04 _____ (P): () _____ (Fax): () _____

Quote was given by: _____