

# Owner Builder Defects Report for Home Warranty Insurance (when selling) Indicative 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 for the Buildingcentre.com to organise an indicative quote and co-ordinate obtaining Owner Builder's Defects Inspection (Report) and or Owner Builder's Home Warranty Insurance, 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 then send to us.

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

Ready for use with a window faced envelope

**.. Please supply a Defects Inspection Report Indicative Quote**  
**.. Please supply an Owner Builder Home Warranty Insurance Indicative Quote**

## Contact Details :

Full name: \_\_\_\_\_ Telephone (M): 04 \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

PRACTICAL COMPLETION/OCCUPANCY CERTIFICATE ISSUED : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home PH: \_\_\_\_\_

Total Replacement Cost of work to be carried out (i.e. current cost if a builder were to build your OB project) : \$ \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Type of Structure : please complete and tick all applicable aspects.

Single Storey       Double Storey       Terrace       Unit       Other

Bedroom(s) # \_\_\_\_\_ Bathroom(s) # \_\_\_\_\_ Study(s) # \_\_\_\_\_ Kitchen(s) # \_\_\_\_\_ Lounge room # \_\_\_\_\_

Family room(s) # \_\_\_\_\_ Dinning room(s) # \_\_\_\_\_ Other \_\_\_\_\_

Scope of the Owner Builder work carried out : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Summary : please complete and tick all applicable aspects.

Construction of a complete dwelling       Renovation of an existing dwelling

Construction of an upper level, on an existing lower level       Construction of a garage or carport

Construction of an extension to an existing dwelling       No. of Balconies \_\_\_\_\_       Construction of a swimming pool

Construction- External Walls: \_\_\_\_\_ Roof Type: \_\_\_\_\_

OFFICE USE:  Received & processed by \_\_\_\_\_ Date: \_\_\_\_\_

Quote for Insurance cover: \_\_\_\_\_ \$ \_\_\_\_\_

Quote for O.B. Defects Insp. & Report: \_\_\_\_\_ \$ \_\_\_\_\_