

Owner Builder 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	1300 884 256 or +61 2 8303 0533	insurance@buildingcentre.com

OR

OR

Ready for use with a window faced envelope

- [** Please supply a Defects Inspection Report Indicative Quote](#)
- [** We already have a Defects Report](#)
- [** Please supply an Owner Builder Home Warranty Insurance Indicative Quote](#)

Contact Details :

Full name: _____ Telephone (M): 04 _____

(H): () _____ Suburb: _____ Postcode: _____ State: _____

PRACTICAL COMPLETION/OCCUPANCY CERTIFICATE ISSUED : _____ / _____ / _____

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

Signed: _____ Date: _____ / _____ / _____

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

<input type="checkbox"/> Single Storey	<input type="checkbox"/> Double Storey	<input type="checkbox"/> Terrace	<input type="checkbox"/> Unit	<input type="checkbox"/> 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.

<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

Construction- External Walls: _____ Roof Type: _____

OFFICE USE: Received & processed by _____ Date: _____

Quote for Insurance cover: _____ \$ _____

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