

Owner Builder Personal Accident & Volunteer Workers INSURANCE QUOTE FORM

The Building Centre can assist you with obtaining Owner Builder Protection- Personal Accident and Volunteer Workers Insurance. This insurance is available to provide cover if you or your spouse or friends ("Volunteer Workers") are planning to help by actually being involved in non-licensed building work, helping or labouring on the site of your project without receiving any payment.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and then send to us.

Owner Builder Details				Date: / /	
First Name:					
Last Name:					
Address / Street:					
Suburb / Town:		State:		Postcode:	
Phone (daytime):	(0)	Work Phone:	(0)		
Mobile:		Fax:			
Email:					
Project Details					
Site Address: <small>(if different to above)</small>					
Suburb / Town:		State:		Postcode:	
Project Type?	<input type="checkbox"/> New Home <input type="checkbox"/> Renovation <input type="checkbox"/> Extension <input type="checkbox"/> Garage <input type="checkbox"/> Pool <input type="checkbox"/> Other _____				
Occupation:	Building Project				
Period of insurance required <small>(Dates dd-mm-yyyy)</small>	From: _____ - _____ - _____ To 4pm on: _____ - _____ - _____				
How many volunteers are to be covered?	<input type="checkbox"/> Up to 10 <input type="checkbox"/> Greater than 10, please specify number _____				
How many volunteers are to be covered at any one time?	<input type="checkbox"/> Up to 10 <input type="checkbox"/> Greater than 10, please specify number _____				
Total replacement cost of work to be carried out <small>(Builder's cost)</small>	\$ _____				
Have you ever made an insurance claim under any accident or sickness or travel policy?	<input type="checkbox"/> NO <input type="checkbox"/> YES, <i>please complete section below.</i>				
If 'Yes' please provide dates and details below and use separate sheets of paper if needed: _____ _____					

Insurance Services - The Building Centre Network
 P.O. Box 523, Milsons Point NSW 1565
 FAX: 02 9806 2099
 EMAIL: customerservice@shcorp.com.au



Declaration

I acknowledge that the Insurer will have no liability whatsoever until it accepts this application by issuing a Policy Schedule / Certificate and that is the Insured Person's duty to disclose any matter material to the Insurers decision whether to issue a Policy and what terms and conditions to offer continues until the Insurer has issued the Policy Schedule / Certificate.

I/ We confirm that the answers and statements in this proposal are correct and that no information has been supplied or withheld in breach of the duty of disclosure, which is set out above, nor have I/We misrepresented any information supplied to you, which could affect your acceptance of this proposal, all the terms of the policy.

Sign: _____ Date: _____ / _____ / _____

Print Name: _____

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the *Insurance Contracts Act (1984)*, to disclose to the insurer every matter you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty, however, does not require disclosure of matter:

- that diminishes, however, the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure:

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

SOME IMPORTANT INFORMATION ABOUT THE PROPOSED POLICY: GROUP ACCIDENT QUOTATION – VOLUNTARY WORKERS

Insured:	The declared owner builder, spouse and voluntary workers
Insured Persons:	The owner builder & declared spouse are covered whilst performing such work at the specified principal domestic building project. Any person carrying out work on the domestic building project at the situation specified, who does work without fee or reward or any expectation of any fee or reward
Scope of Cover:	Temporary Total Disablement arising as a result of an Accident. Accidental Death & Capital Benefits
Income Earners: Weekly Benefits:	75% of Salary up to a maximum of \$500 Week (whichever is the lesser)
Non Income Earners: Injury Assistance:	75% of actual expenses to a maximum of \$300 Week
Capital Benefits:	\$20,000 Events 1-17 (Refer policy wording when you receive it for full particulars or limits) (Event 2 permanent total disablement is replaced with quadriplegia and paraplegia only)
Waiting Period:	7 Day Waiting Period
Benefit Period:	26 Week Benefit Period
Age Limitations:	18 to 65 years
Wording:	AFA Group Voluntary Workers Wording
Security:	Underwriters at Lloyds

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