

Business Information

MBFF Reference Number

MBA Member Number

Name of Applicant (Sole Trader/Company)

Trading Name (if applicable)

Business Type (only tick ONE Box)

Company Sole Trader Partnership Trust

Name of Trust

ABN of Trustee

ABN for Company/Sole Trader/ Partnership

When did the business commence trading?

 / /

Business contact information

Primary Contact Name

Email

Office Number

Mobile

Role/Position

Postal Address

Suburb

State

Postcode

ACT Building Licence (please attach copy with application)

Name of the sole trader

Licence Number

Class

Expiry Date

 / /

Signature

Licence name of Company or Partnership

Licence Number

Class

Expiry Date

 / /

Name of the nominee who holds the licence

Licence Number

Class

Expiry Date

 / /

D.O.B (if individual)

 / /

Signature

Personal Details

Complete the details below for each principal, partner and director (photocopy if more than 4 people)

Name	Date of Birth	Industry Experience <i>Years working in the Construction Industry</i>	Business Experience <i>Years running own building business</i>

Applicant History

Has any principal, partner and/or director of this business:

Had an application for Home Warranty Insurance (HWI) or Fidelity Fund Cover in the ACT or any other jurisdiction refused?

Yes* No

Had their building licence suspended for any reason?

Yes* No

Had a penalty imposed on them or it by a Building Tribunal or Registrar, in any Australian Jurisdiction?

Yes* No

Been declared Bankrupt?

Yes* No

Been the director of a company that has been placed into external administration or liquidation?

Yes* No

If you answered 'Yes' to any of the above questions, please provide details below:

If the business, principal, partner and/or director(s) hold current HWI (or equivalent) with another provider, details must be provided below:

Name of Insurer

How much cover was provided?

No. Units

Work Requiring Cover

Type of work	Total Number of Projects	Estimated Total Value
Speculative New Homes (Build for yourself)		
Contract New Homes		
Extensions or Renovations		
Project Management		
Unit/Townhouse (Speculative)		
Unit/Townhouse (Contract)		

Financial Position

Please provide the names of **THREE TRADE SUPPLIERS** who we can contact for credit references.

Supplier	Email Address	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accountant

Please provide the name of your accountant and attach your financial statements signed by you and your accountant.

New Applications

- **Company / Trust / Partnerships** - last 2 years of signed financial statements
 - If a new company directors need to provide last 2 years of individual tax returns
- **Sole Trader** - last two years individual tax returns (**NOTE:** This is NOT a tax assessment)

Renewal Applications

- **Company / Trust / Partnerships** - last signed financial statement
- **Sole Trader** - last individual tax return (**NOTE:** This is NOT a tax assessment)

Firm Name	Contact Person	Contact Number
_____	_____	_____

Working Capital Statement

All information disclosed must be up to date and less than **THREE** months old

Projects you are currently working on:	Number of Projects	Total Contract Value
	<input type="text"/>	<input type="text"/>

Date of this current working capital statement: / /

Business Assets - excluding plant & equipment:

Cash - actual bank balance from your statement	<input type="text"/>
Trade Debtors	<input type="text"/>
Work in Progress - (value of work completed but not yet billed)	<input type="text"/>
TOTAL	<input type="text"/>

Business Liabilities (what you owe)

Bank Overdraft - current balance of overdraft (if applicable)	<input type="text"/>
Amounts owed to suppliers / subcontractors	<input type="text"/>
Tax payable (including GST, Income tax and PAYG)	<input type="text"/>
TOTAL	<input type="text"/>

I certify that the above working capital statement is complete, true and correct

Declaration made by (print name)

Signed **Date:** / /

(Any Director or Principal can sign)

Personal Assets & Liabilities

ONLY COMPLETE IF ANNUAL TURNOVER IS LESS THAN \$1.5 MILLION

A separate statement is to be completed by each Partner or Director - (Photocopy if required)

Assets owned jointly (with a spouse or other) should be included

Assets	Location	Value (\$)	Amounts Owing (Loan Amount)
Residential Home			
Other Property/Vacant Land			
Other Property/Vacant Land			
Other Property/Vacant Land			

Assets	Value (\$)	Amounts Owing (\$)
Vehicle	<input type="text"/>	<input type="text"/>
----- Vehicle	<input type="text"/>	<input type="text"/>
----- Vehicle	<input type="text"/>	<input type="text"/>
-----	Value (\$)	Credit Card Limit (\$)
Cash at Bank (Personal Account)	<input type="text"/>	<input type="text"/>
	Value (\$)	Finance with
Shares - Listed Companies	<input type="text"/>	<input type="text"/>
Personal tools of trade	<input type="text"/>	<input type="text"/>
Superannuation	<input type="text"/>	<input type="text"/>
	Value (\$)	Amounts Owing (\$)
Other/Miscellaneous	<input type="text"/>	<input type="text"/>
-----	TOTAL value of all assets	TOTAL amounts owing on all assets
	<input type="text"/>	<input type="text"/>

Any other information relevant to assessing your personal financial position not included in the above:

I certify that the above personal asset statement is complete, true and correct

Declaration made by (print name)

Signed **Date:** / /

Declaration

Declaration to be made by all Applicants

1. I acknowledge that the Master Builders Fidelity Fund (the Fund) reserves the right to reject any application for cover
2. I confirm that all the information contained in this application is true
3. I understand that by accepting this application form, the Fund has not agreed to issue cover
4. I understand that the Fund may require additional information and undertakings (including an indemnity or bank guarantee) before issuing cover
5. I authorise the Fund to contact my Trade References nominated in this form to obtain information on how I conduct these accounts
6. I authorise inspection of my financial statements in respect of this application
7. I authorise the Fund to collect, use and disclose my personal information for the purpose of assessing this application
8. I give the Fund express authority to obtain details of any insurance held now or in the past & any insurance claims made relevant to this application
9. I give the Fund express authority to collect, use and disclose my personal information that amounts to sensitive information under the Privacy Act 1988 as required of this application
10. I agree that if this application is accepted, the information contained in this document may be subject to an audit on behalf of the Fund's Administrators
11. I will advise the Fund's Administrator if I receive additional HWI cover to that advised in this application, from any other HWI providers
12. I agree to allow any representative of the Fidelity Fund to enter and inspect all works on any site for which a certificate of cover is sought from the Fund

The fund reserves the right to seek further information prior to approving any application

All partners / directors must sign the application before the Application can be processed - please photocopy if more than four people

Printed Name <input type="text"/>	Position <input type="text"/>
Signed <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Contact Number <input type="text"/>	

Printed Name <input type="text"/>	Position <input type="text"/>
Signed <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Contact Number <input type="text"/>	

Printed Name <input type="text"/>	Position <input type="text"/>
Signed <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Contact Number <input type="text"/>	

Printed Name <input type="text"/>	Position <input type="text"/>
Signed <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Contact Number <input type="text"/>	