



**MASTER BUILDERS
FIDELITY FUND**

Application Form

When this Application is completed please deliver, post, email or fax this form and all relevant requested information to:

Master Builders Fidelity Fund
Po Box 1211
Fyshwick ACT 2609

1 Iron Knob Street
Fyshwick ACT 2609

Email: Marcia Douch - mdouch@mba.org.au
Fax: (02) 6257 8349

Fund Reference Number: _____

Name: _____

MBFF use

- | | | |
|-----------------------------|-------------------|-------|
| 1. Received |/...../..... | _____ |
| 2. Incomplete - letter sent |/...../..... | _____ |
| 3. Received complete on |/...../..... | _____ |
| 4. Financials are dated |/...../..... | _____ |
| 5. To Assessor |/...../..... | _____ |

1. Applicant Name:

2. Trading Name (if different from Applicant Name):

3. Business Type (only tick ONE box):

Company Sole Trader Partnership Trust* (If yes see questions 6 & 7 below)

4. ABN for Company / Trust / Sole Trader / Partnership

5. When did the business commence trading?

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(day)	(month)	(year)

6. *Trust Only (If Business Type is a 'Trust', who or what is the Trustee of the Trust):

7. Trust Only: ABN of Trustee

8. Postal Address:

State:

Postcode:

9. Business Phone _____

10. Fax Number: _____

11. Mobile Number: _____

12. Email Address:

13. Are you a member of the MBA

Yes

No

MBA Membership Number _____

14. ACT Building Licence & qualifications details (please photocopy your licence(s) and trade qualifications and other relevant qualifications and attach to this form). Yes, I have attached relevant licence(s) and qualifications (please tick)

Licence name of sole trader/nominee:

Nominees Signature: _____

Licence Number: _____ Class: _____ Expiry Date: _____ / _____ / _____

Licence name of Company or Partnership:

Company or Partnership

Licence Number: _____ Class: _____ Expiry Date: _____ / _____ / _____

Complete the details below for each principal, partner and director. Please photocopy if more than four people.

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

3. APPLICANT HISTORY

3.1 Background of Principals

Has any principal, partner, director or employee of this business:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Ever been refused Home Warranty Insurance (HWI)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ever been bankrupt or under a Trustee in bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been a principal or a business that has been under external administration? (eg: receivership) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever been a principal of a business placed into liquidation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ever been a principal of a business that had any form of penalty imposed on it by a Building Tribunal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had their building licence suspended for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever had a claim lodged against them personally or a company of which they were a principal for HWI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hold current HBWI with another insurance provider? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Details of your current HWI (if any) other than MBFF?
<i>(Include details of any current cover)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Insurer

How much cover was provided?

No. Units

* If you answered 'Yes' to any question, please provide details:

4.1 Work requiring cover

Type of work	Total Number Homes / Units	Estimated TOTAL value of all Homes / Units
Speculative New Homes	<input type="text"/>	\$ <input type="text"/>
Contract New Homes	<input type="text"/>	\$ <input type="text"/>
Extensions or Renovations	<input type="text"/>	\$ <input type="text"/>
Project Management	<input type="text"/>	\$ <input type="text"/>
Units / Townhouse (Spec)	<input type="text"/>	\$ <input type="text"/>
Units / Townhouse (Contract)	<input type="text"/>	\$ <input type="text"/>

5. YOUR FINANCIAL POSITION

5.1 Credit References

Please provide the names of your **THREE LARGEST TRADE SUPPLIERS** who we can contact to confirm your credit status.

1. Supplier	2. Account Number or Name	3. Phone No.
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

5.2 Accountant

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

- i. New Applications:
 - Company / Trust / Partnerships - last three years of signed financial statements.
 - Sole Trader - last three years of your individual tax returns.
- ii. Renewal Applications:
 - Company / Trust / Partnerships - last signed financial statements.
 - Sole Trader - last individual tax return.

1. Firm Name	2. Contact Person	3. Phone No.
<hr/>	<hr/>	<hr/>

I give permission for the Financial Assessor to contact my accountant for information related to this application.

5.3 Working Capital Statement

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

1. Projects you are currently working on:

Number of Homes / Units

Total Contract Value

\$

2. Date of this current working capital statement:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				2	0		

3. Business Assets - excluding plant & equipment:

Cash - actual bank balance from your statement

\$

Trade Debtors

\$

Work in Progress - (value of work completed but not yet billed)

\$

TOTAL

\$

4. Business Liabilities (what you owe):

Bank Overdraft - (current balance of overdraft if any)

\$

Amounts owed to suppliers / subcontractors

\$

Tax payable (including GST, income tax and PAYG)

\$

TOTAL

\$

5. Overdraft limit:

Your overdraft limit

\$

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)

5.4 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)

Name

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

ASSETS

AMOUNTS OWING

Residential Home located at:

1. \$ Loan Amount: \$

Other Property / Vacant Land located at:

2. \$ Loan Amount: \$

3. \$ Loan Amount: \$

4. \$ Loan Amount: \$

5. \$ Loan Amount: \$

Vehicle 1. \$ Loan Amount: \$

Vehicle 2. \$ Loan Amount: \$

Vehicle 3. \$ Loan Amount: \$

Cash at Bank (Personal Accounts). \$ Credit Card Limit: \$

Household items \$ Personal Finance: \$

Shares - Listed Companies. \$ Finance with: \$

Personal tools of trade. \$ Finance with: \$

Superannuation. \$ Finance with: \$

TOTAL: \$ **TOTAL:** \$

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 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 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 this form before the Application can be processed - please photocopy if more than four people.

Printed Name: _____

Position: _____

Signed: _____

Date: _____ / _____ / _____

Contact number: _____

Printed Name: _____

Position: _____

Signed: _____

Date: _____ / _____ / _____

Contact number: _____

Printed Name: _____

Position: _____

Signed: _____

Date: _____ / _____ / _____

Contact number: _____

Printed Name: _____

Position: _____

Signed: _____

Date: _____ / _____ / _____

Contact number: _____