

# Master Builders NT Fidelity Fund

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

## Master Builders NT Fidelity Fund

### Office Address

Terminal One Building  
11/396 Stuart Highway, Winnellie NT 0820

### Postal Address

PO Box 37121  
Winnellie, NT, 0821

Ph: 908) 8922 9680

Fax: (08) 8922 9600

Email: [fidelityfund@mbant.com.au](mailto:fidelityfund@mbant.com.au)

Website: [www.mbant.com.au](http://www.mbant.com.au)

Fund Reference Number: NT / /

Name: \_\_\_\_\_

### Office use only

- |                             |                   |       |
|-----------------------------|-------------------|-------|
| 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?**

(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 an industry association?**

Yes  No  If yes, details of association: \_\_\_\_\_

**14. Building Registration details** (please photocopy your registration(s) and attach to this form)

Registration name of sole trader/nominee:

Registration Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registration name of Company or Partnership:

Registration Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registration name of Company or Partnership:

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

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

**IMPORTANT!** If you are applying as a company please note the details of your nominee (Related Individual per your Building Practitioners Board Registration).

Not Applicable:

Name of Nominee/Related Individual	Date of Birth	Builder Registration No.

## 3. APPLICANT HISTORY

### 3.1 Background of Principals

**Has any principal, partner, director, nominee/related individual or senior manager of the applicant:** Yes No

1. Ever been refused Home Warranty Insurance (HWI) in any State?  Yes  No
2. Ever been bankrupt or under a Trustee in bankruptcy?  Yes  No
3. Ever been a principal of a business that has been under external administration? (eg: receivership)  Yes  No
4. Ever been a principal of a business placed into liquidation?  Yes  No
5. Ever been a principal of a business that had any form of penalty imposed on it by a Building Practitioners Board?  Yes  No
6. Ever had their building registration **or** licence suspended for any reason?  Yes  No
7. Ever had a claim lodged against them personally or a company of which they were a principal for HWI?  Yes  No
8. Hold current HWI with another inter-state insurance provider?  Yes  No
9. Details of your current HWI (if any)?  
*(Include details of any current cover)*

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"/>
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.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.
<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
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**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:**

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**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 NT 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 inter-state 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, principals, directors AND the nominee (related individual) must sign this form before the application can be processed - please photocopy if more than four people.**

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

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