



Application for a Construction Defects 5 Year Guarantee

Please ensure this Application is completed in full, signed by the Parties to the Building Contract and submitted prior to Practical Completion with required documents.

COMMERCIAL BUILDINGS (up to \$5,000,000)

Proposer Information

Name of Insured			
Contact Name	Mr	Mrs	Ms Miss
Name of Owner (if not the Insured) <small>If applicable, what is the relationship between the Insured and the Owner?</small>			
Postal Address			
	Post Code		
Email Address (Builtins preferred method of communication)	Phone number	()
Website Address	Fax number	()

Site Information

Name of Development			
Situation – Lot No.	DPS		
Street address			
Suburb	Town / City		
Type of Property	<input type="checkbox"/> Offices	<input type="checkbox"/> Retail	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Car Parking	<input type="checkbox"/> Industrial
	<input type="checkbox"/> Education		
	<input type="checkbox"/> Other		
	<i>If other, please provide details</i>		
Does the proposed building comply with zoning requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has Resource Consent been sought and obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Contract Details

Type of Contract	<input type="checkbox"/> NZIA	<input type="checkbox"/> NZ3910:2003	<input type="checkbox"/> NZ3915:2005	<input type="checkbox"/> Other
	<i>If other, please provide details</i>			
	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Cost Reimbursement	<input type="checkbox"/> Measure & Value	<input type="checkbox"/> Other
	<i>If other, please provide details</i>			
Is the contract Design and Build?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an independent Architect design?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an independent Consulting Engineer design?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Name of Main Contractor				
Contact Name	Mr	Mrs	Ms Miss	
Postal Address				
	Post Code			
Email Address (Builtins preferred method of communication)	Phone number	()	
Website Address	Fax number	()	
Is the main contractor a member of any Trade Association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<small>If, yes, please provide name</small>				

Has the main contractor been trading for more than 5 years?

Yes No

Does the main contractor have experience in this type of building/method of construction?

Yes No

Previous Years Activity (last 5 years)

Type of Contract	Description	When started	Value

Three customers from whom we may obtain a reference

Customer Name	Location	Phone Number	Fax Number
		()	()
		()	()
		()	()

Who will supervise or has supervised the quality of the work during the construction period?

Resident Engineer Clerk of Works Independent Professional Other

If other, please provide details

Will they be or were they only periodically observing?

Yes No

Will they be issuing or have they issued a Producer Statement – Design?

Yes No

Will they be issuing or have they issued a Producer Statement – Construction?

Yes No

Expected or actual start date of construction works

/ /

Expected date of practical completion

/ /

Total estimated replacement value of the property to be insured

\$

Period of Defects Liability

months

Breakdown of total estimated contract value at the end of construction:

a) Structural Works	\$
b) Non structural works, equipment, fixtures and fittings	\$
c) External Works	\$
d) Cost of demolition and removal of debris - maximum 5% of (a) (b) and (c) above	\$
e) Professional fees - maximum 10% of (a) (b) and (c) above	\$

Technical Information

Does the contract site contain any of the following features?

Reclaimed land Mining area Quarries or excavated land
 Land filled site Peat Contamination

Has a Site Investigation Report been completed by a Category 1 Geotechnical Engineer?

Yes No

Has this been submitted to the Territorial Authority with the application for a Building Consent?

Yes No

Will the contract contain any of the following existing structural elements:

Foundations Slab walls Roofs Other

If other, please provide details

Number of storeys

Above ground floor level:

Below ground floor level:

Foundations

Pad/Pad & Beam Footings Raft / Concrete slab
 Mass construction Piled Other

If other, please provide details

Structure

Reinforced concrete Pre-stressed concrete Structural steelwork Timber framed
 Masonry Modular Other

If other, please provide details

External Walls

Curtain Walls Pre-cast heavy panels Light façade panels
 Cavity Walls Diaphragm walls Other

If other, please provide details

Roof

Pitched roof Flat roof

Basements

Above intermittent ground water table Below intermittent ground water table

Claims History

Have you ever been involved with developments where a major defect has been discovered after the date of practical completion?

Yes No

If yes, please provide details

Additional Information

If you are aware of any additional facts that might be relevant please provide details below

Declaration by the Insured

I/we declare that to the best of my/our knowledge and belief, the information I/we have given is correct and complete in every detail and I/we have not withheld any material fact.

I/we understand that the signing of this form does not bind us to effecting insurance under the Builtin Construction Defects Guarantee for Commercial Buildings scheme but agree that should a quotation for a Property Insured be accepted that this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter

I/we authorise CBL to collect, retain and use the personal information collected in relation to me/us in or in accordance with Proposal and for the following purposes;

- Assessing the risks in guaranteeing my/our works; and
- Administering any Builtin Construction Defects Guarantee granted or to be granted in respect of my/our works; and
- Providing the Proposer Information to employees and agents of CBL and any other person, in the ordinary course of business for any of the foregoing purposes;

I/we hereby certify that I/we have no knowledge of any action taken by myself or any other party, which might invalidate the Guarantee.

I/we confirm that I have no knowledge of any existing damage or defect in the Work that may give rise to a claim on the Guarantee.

Position within business:

Date:

Signatories Full Name:

Signature:

This is an application only. Should this meet our requirements, acceptance will be by written notification.

INFORMATION & CHECKLIST

Deductible

The following standard levels apply:

Contracts up to:	Up to \$1,000,000	\$5,000.00
	\$1,000,001 to \$2,500,000	\$10,000.00
	\$2,500,001 to \$5,000,000	\$25,000.00

When you have completed this Application form please send with the following:

- i A copy of the Building Consent
- ii A cheque for the premium (Payable to Builtin New Zealand Limited).



Date Sent

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Date Sent

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Cost of Construction Defects 5 Year Guarantee

\$

When the building is completed we will require:

- A copy of the Certificate of Practical Completion;
- A copy of the Code Compliance Certificate.

Builtin New Zealand Limited
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