



Plumbers Defects Warranty & Liability Insurance Application Form
(For Private Plumbing Work Licenses Only)
POLICY NUMBER 57CPL4854PLB
1 September 2023 to 31 August 2024

Personal details of Applicant

| | | | |
|---------------|--|--------------------------|--|
| Surname | | | |
| Given name | | | |
| Address | | | |
| Suburb | | Postcode | |
| Phone | | Mobile | |
| Email | | | |
| Date of birth | | Years experience | |
| Union number | | Plumbers registration n° | |

History

| Has the applicant, any related company, any director, proprietor or person in charge of construction been: | YES | NO |
|---|-----|----|
| 1. Refused, cancelled or had special conditions imposed on an Insurance policy by an Insurer? | | |
| 2. Refused a plumbers licence or had a license suspended or cancelled by a regulatory authority? | | |
| 3. Subject to disciplinary procedures, enquiry or reference to a tribunal in respect to plumbing work in the last 5 years? | | |
| 4. Had a claim in excess of \$500 made against them (paid or outstanding) in the last 5 years? | | |
| 5. Declared bankrupt or entered into a scheme of arrangement with creditors, or been a director of a company that has been placed under administration, entered into a scheme of arrangement with creditors, placed into receivership or liquidation? | | |
| If question 5 has been answered with YES – please state year of bankruptcy: | | |
| 6. Is there any other information which should be disclosed to the Insurer in accordance with your Duty of disclosure under the Insurance Contracts Act 1984? | | |
| 7. Will any of your private work be involved in or at: mines, power generation plants, water treatment facilities, dams, ships/aircraft, chemical works, oil or gas production & boilers/compressors? | | |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS: Please provide details on a separate sheet.

See over

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Authority to obtain Information & Applicant’s Declaration

I/We hereby authorise QBE Insurance (Aust) Limited and its servants and agents to seek any information they may require from my accountant, The Plumbers Gasfitters & Drainers Registration Board of the Victorian Building Authority, any of our trade suppliers or any credit reporting entity, concerning the financial position, credit worthiness, licence status and complaint and claims history of the Applicant, and where appropriate, its proprietors, partners and directors.

This authority is given on QBE’s undertaking that information provided will be used only for the purpose of assisting the Applicant’s eligibility from time to time to obtain plumbers defects warranty and liability Insurance from QBE or its agents.

I/We hereby declare that:

- The statements are true, and that I/We have not suppressed or mislead any fact:
- Should any information given by me/us between the date of this Application and the date of any proposal for Insurance to which this Application relates change, I/We shall give immediate notice thereof; and
- I/We will immediately advise QBE if any additional information comes to my/our knowledge, which should be disclosed to the insurer in accordance with my/our duty of disclosure under the Insurance Contracts Act 1984.

I/We agree that if this Application is accepted, the information herein may be subject to an audit by or on behalf of the Insurer. I hereby agree to remain a full and financial PPTU member for the full term of the policy.

| | |
|------|---|
| Date | Signed for and on behalf of the applicant |
| | |

| |
|------------|
| Print name |
| |

Credit Card Details



| | | |
|-----------------------|--|---|
| Card (please circle) | | The insurance premium is \$160.00 per year, ending on the 31st of August 2024. (This premium is payable regardless of when you apply) |
| Card number | | |
| Expiry date (mm / yy) | | |
| CVV | | |
| Signature | | |

Provide additional information here