

NSW
Declaration And Counter
Indemnity By Applicant(s)



**BUILDING
INDUSTRY
SOLUTIONS
PTY. LTD.**

ABN 64 092 774 288

*Specialist
Building Advisers
&
Insurance Agents*

Entity:.....

I/We the applicant whose name(s) appear on this application, acknowledge and agree that

1. all information in this application is true, correct and complete in every respect.
2. the insurer, in providing this policy, indemnifies the insured (the purchaser and successors in title to the purchaser) other than any owner or person who is in any way related to the owner builder.
3. the insurer does not indemnify the owner builder.
4. the applicant(s) and if a company, also each of its directors, or if a partnership, also each of the partners will reimburse the Insurer any monies that the Insurer pays to the insured in settlement of each claim under the policy, where the owner builder is deemed by the Insurer to be liable for a breach of any warranty which is required to be insured under the policy, pursuant to the provisions of the Home Building Act 1989, as amended. If any one director , partner or applicant is bankrupt or deceased, then any and all remaining partners will be responsible for the aforementioned directors portion of costs as such directors will be jointly and severally liable.
5. the applicant(s) is an executor, benefactor or subsequent purchaser and requires this product to sell the property, they assume all legal responsibility for rectification of or cost of rectification for any defects that are identified within the period specified under the relevant Acts or ministerial orders, in accordance with the policy wording.
6. the applicant acknowledges receiving the Owner Builders Warranty Insurance – Product Disclosure Statement information which explains the policy terms and conditions.

- Owner Builder Warranty Insurance
- Contract Works Public Liability Insurance
- Property Protection Insurance
- Professional Indemnity Insurance
- Premium Funding

Signed _____

Signed _____

Name _____

Name _____

Date _____

Date _____

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