

Fidelity Fund NT

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

Fidelity Fund NT

Office Address

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

Postal Address

PO Box 37121
Winnellie, NT, 0821

Ph: (08) 8922 9680

Fax: (08) 8922 9600

Email: fidelityfund@mbant.com.au

Website: www.fidelityfundnt.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 |/...../..... | _____ |



Annual Assessment Form Checklist (for Applicant)

The following things will help you complete the form and minimise our requests for further information.

Submitting the form

Check and ensures section 1 to 6 are completed ☐

Ensure all directors, partners, nominees sign the declaration in section 6 ☐

Must provide and attach financial report

For New Applicant

Company/ Trust/ Partnerships – last three years of audited financial statement (signed by Director/s & Auditor) ☐

Sole Trader – last three years of individual tax return ☐

For Renewal Applicant

Company/ Trust/ Partnerships – last signed audited financial statement (signed by Director/s & Auditor). ☐

If not completed/ been provided, please provide Year to Date Management Accounting Report (signed by Director/s)

Sole Trader – last individual tax return ☐

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:

NOTE: You must have a current building registration in the SAME NAME as the business seeking cover.

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 Years in Construction Industry (any capacity)	Business Experience Years running own building business

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? ☐ ☐
2. Ever been bankrupt or under a Trustee in bankruptcy? ☐ ☐
3. Ever been a principal of a business that has been under external administration? (eg: receivership) ☐ ☐
4. Ever been a principal of a business placed into liquidation? ☐ ☐
5. Ever been a principal of a business that had any form of penalty imposed on it by a Building Practitioners Board? ☐ ☐
6. Ever had their building registration or licence suspended for any reason? ☐ ☐
7. Ever had a claim lodged against them personally or a company of which they were a principal for HWI? ☐ ☐
8. Hold current HWI with another inter-state insurance provider? ☐ ☐
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. COVER SOUGHT FROM FUND FOR NEXT 12 MONTHS

Application

Strictly Confidential

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.

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.

☐ 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. _____	\$ <input type="text"/>	Loan Amount: \$ <input type="text"/>
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Other Property / Vacant Land located at:

2. _____	\$ <input type="text"/>	Loan Amount: \$ <input type="text"/>
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3. _____	\$ <input type="text"/>	Loan Amount: \$ <input type="text"/>
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4. _____	\$ <input type="text"/>	Loan Amount: \$ <input type="text"/>
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5. _____	\$ <input type="text"/>	Loan Amount: \$ <input type="text"/>
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Vehicle 1. _____	\$ <input type="text"/>	Loan Amount: \$ <input type="text"/>
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Vehicle 2. _____	\$ <input type="text"/>	Loan Amount: \$ <input type="text"/>
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Vehicle 3. _____	\$ <input type="text"/>	Loan Amount: \$ <input type="text"/>
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Cash at Bank (Personal Accounts). _____	\$ <input type="text"/>	Credit Card Limit: \$ <input type="text"/>
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Household items. _____	\$ <input type="text"/>	Personal Finance: \$ <input type="text"/>
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Shares - Listed Companies. _____	\$ <input type="text"/>	Finance with: \$ <input type="text"/>
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Personal tools of trade. _____	\$ <input type="text"/>	Finance with: \$ <input type="text"/>
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Superannuation. _____	\$ <input type="text"/>	Finance with: \$ <input type="text"/>
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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 Fidelity Fund NT (**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 NT 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: ____ / ____ / ____