

**IMPORTANT THINGS YOU NEED TO KNOW ABOUT
COMPLETING THIS FORM**

- The contractor who paid the insurance premium, and the person who contracted for the works (consumer) should complete and sign this form. This application cannot be approved if either the contractor or consumer do not confirm all required details.
- Before completing this form, use the checklist below to see if you have everything we need to assess your application to cancel cover/decrease value of work. If you are unable to complete the checklist we may not be able to assess your application.

PRIVACY NOTICE

The QBCC is collecting personal information on this form to process a request to amend or cancel Queensland Home Warranty Scheme cover, pursuant to the QBCC Act. The QBCC will not be able to process the application if all or some of the information is not provided.

The information will only be disclosed by the QBCC to another party with your consent, or as authorised or required by law. Visit the [QBCC Privacy Policy](#) for more information, including steps to access and amend your personal information, or submit a privacy complaint.

PLEASE NOTE

- We may ask for further details/documents when assessing this application.
- A cancellation request must be lodged within 1 year from the date of the contract.

RETURN YOUR COMPLETED FORM AND ALL DOCUMENTS BY:

Email: insurancepolicies@qbcc.qld.gov.au
 Post: GPO Box 5099 Brisbane QLD 4001
 In person: QBCC service centres are listed on our website qbcc.qld.gov.au

COMPLETING THIS FORM

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – cross out and initial amendments

Are you:

OPTION A: APPLYING TO CANCEL THE COVER		
DOCUMENTS/DETAILS YOU MUST SUPPLY		
	The number shown on the Notice of Cover you want to cancel.	Supplied
	Valid site details (Lot and Plan numbers).	Supplied
OTHER CONSIDERATIONS		Please tick one option
Ensure the work covered has not started.		Yes
Has a deposit been paid?		Yes No
The deposit for the work has been refunded (less any amounts that may be lawfully deducted).		Yes No

OR

OPTION B: APPLYING FOR A PARTIAL REFUND - DECREASED VALUE OF WORK		
DOCUMENTS/DETAILS YOU MUST SUPPLY		
	The number shown on the Notice of Cover you want to decrease.	Supplied
	All variation documents signed by both parties.	Supplied
	Valid site details (Lot and Plan numbers).	Supplied

1. DETAILS OF THE NOTICE OF COVER

Notice of cover number

SITE DETAILS

Lot no.	Plan type	Plan no.
Street address (include no., street, suburb/ locality and postcode)		
	State	Postcode

2. DETAILS OF THE CONTRACTOR

Surname

Given names

Licence/
registration:

Contact
number:

ABN:

Email:

3. DETAILS OF PERSON WHO CONTRACTED THE WORK (CONSUMER)

Surname

Given names

Contact
number:

Email:

4. FURTHER DETAILS

CANCELLATION OF COVER

Reason for cancellation of cover (eg: renovations not proceeding):

PARTIAL REFUND OF PREMIUM (DECREASE IN VALUE OF WORK)

Contract value after variation: \$

5. RECIPIENT OF PREMIUM REFUND (FULL/PARTIAL)

CANCELLATION OF COVER

Contractor

Under the QBCC Act we can only refund a premium from a cancellation of cover to the contractor or a person nominated by the contractor.

Nominated person

PARTIAL REFUND OF PREMIUM (DECREASE IN VALUE OF WORK)

Person who contracted the work (consumer)

Under the QBCC Act we can only issue a partial refund of a premium from a decrease in the value of work to the consumer, or to a contractor nominated by the consumer.

Contractor


NOTE TO CONTRACTOR: If we have previously paid you a refund and you want this current refund to be paid to the same account, you do not need to provide your account details. If you wish to nominate a different account please provide the new account details separately on your business letterhead.

Name of nominated recipient

Financial institution

Branch

Account name

BSB number

-

Account number

6. DECLARATION

FOR CANCELLATIONS

- This form constitutes a request by the contractor to the QBCC to cancel cover for the above work.
- The contract for the work has ended.
- Where a deposit was paid, the deposit has been refunded less any amounts that may be lawfully deducted.
- The work covered has not started.

FOR A DECREASE IN THE VALUE OF THE WORK

- This form constitutes a request to the QBCC for a partial refund of premium as a result of a decrease in the value of the work.
- The value of the residential construction work has decreased because of a variation/s (copy of variation/s attached).

CONTRACTOR

Name of person
providing the
declaration

Applicant's
signature

Date* D D M M Y Y Y Y
 / /

CONSUMER

Name of person
providing the
declaration

Applicant's
signature

Date* D D M M Y Y Y Y
 / /

Where the consumer is not available to sign this form, written confirmation from the consumer which satisfies the requirements listed above will be sufficient (e.g. emails).