

**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 information on this form to process a request in relation to Queensland Home Warranty Scheme cover, pursuant to the QBCC Act. This information can be disclosed by the QBCC to another party with your consent or as authorised or required by law. For further information visit the QBCC website at [qbcc.qld.gov.au](http://qbcc.qld.gov.au).

**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](mailto: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](http://qbcc.qld.gov.au)




**COMPLETING THIS FORM**

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – amendments to be crossed out and initialled

Are you:

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

OR

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

**1. DETAILS OF THE NOTICE OF COVER**

 Notice of cover number 
**SITE DETAILS**

Lot no.	<input style="width: 100%;" type="text"/>	Plan type	<input style="width: 100%;" type="text"/>	Plan no.	<input style="width: 100%;" type="text"/>
Street address (include no., street, suburb/ locality and postcode)	<input style="width: 100%; height: 20px;" type="text"/>				
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

## 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\*   /   /

#### CONSUMER

Name of person providing the declaration

Applicant's signature

Date\*   /   /

**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).**