Home Warranty Insurance Fund

MANAGED BUILDER PROGRAM COMPONENT 4 CERTIFICATION

- **This form is to be completed by a MBP Service Provider where a Builder has elected to participate in a Managed Builder Program for a building contract of $50,000 or more.**
- **Completion of this document should be undertaken when certifying that the participating Builder has successfully completed component 4 of the Managed Builder Program – Quality Assurance/Building Inspection Component – Part 2.**
- **The completed form should be forwarded to the Builder's Intermediary for provision to the Insurance Agent.**

Section 1 - Builder and Site Details

Builder's Name

Builder's Address

Postcode

Builder's Licence Number

Licence Expiry Date

/ /

Site Address

Postcode

Project Description

Contract Price

$

Builder's Insurance Agent

Eligibility Number

Certificate of Insurance Number

Builder's Intermediary

Intermediary Reference Number

Telephone Number

( )

Intermediary Email Address

Section 2 - MBP Service Provider Details

MBP Service Provider

Name of Key Contact

Telephone Number

( )

Email Address

MBP Service Provider Internal Reference Number

SAMPLE

Section 3 - MBP Service Provider Declaration

I certify that the requirements of Component 4 of the Managed Builder Program have been undertaken and found to be satisfactory, or have been adjusted so as to be satisfactory.

I have undertaken the below inspections in accordance with the Home Warranty Insurance Fund's guidelines and to the extent able to be verified confirm that:

- the quality of the residential work is of an acceptable standard; and
- the work complies with the provisions of the building contract (including plans, specifications and the implied statutory warranties under Part 2C of the *Home Building Act 1989*); and
- there are no known unresolved issues of concern with the project.

Inspection Number	Stage Description

☐ Copies of the Inspection Report/s for the above inspections are attached.

SAMPLE

Additional comments/information (if required)

Signed

Date / /

Name

Date / /

Position