

\*Required fields are indicated by an asterisk

- Use this form for 'New Multiple Dwelling Projects (< = 3 storeys)' and 'Structural Alterations & Additions' and 'Non-structural Renovations' to a multiple dwelling building (e.g. Units, Flats etc.).
- "For all non-multiple dwelling projects including Duplex, Dual Occupancy, Triplex and Terrace (Attached) Construction, and work entirely within a unit, please complete the "All Work Excluding Multiple Dwelling Projects" application form.
- Please submit the completed application to your distributor (broker) who can also provide assistance in completing the form.
- References in this form to Builder and Building work include trade and other building contractors/work.

Builder Details				
Builder's Name (i.e. the legal name under which you contract and as shown on your Builder's Licence)*			ABN*	
Licence No.*		Licence Expiry Date*	Registered Business Name	
Business Address (Not PO Box Address)*			Suburb:	Postcode:
Business Phone No.	Mobile No. of Key Contact	Email of Key Contact (this is the preferred form of contact)		
Is this Project Application arising from a hbcf claim?*		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes enter Claim No.	
Does your builder's Licence cover all work being contracted and included in this application?*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Visit NSW Fair Trading's website at <a href="http://www.fairtrading.nsw.gov.au">www.fairtrading.nsw.gov.au</a> to check whether the licence category shown on your licence covers the type of work being contracted. If you are not properly licensed for the work being contracted, or the licence is not current, HBCF insurance cover is unable to be issued.	
Construction Type* (select only ONE of the below construction types from A to C. This should match the one selected on pages 3 to 4)				
<input type="checkbox"/> A - New Multiple Dwelling Construction (< = 3 storeys)	<input type="checkbox"/> B - Multiple Dwellings Alterations/ Additions - Structural	<input type="checkbox"/> C - Multiple Dwellings Renovations - Non Structural		
Owner/ Developer Details (as per contract)				
Owner/ Developer (Name in Full) *			ABN	
Address*		Suburb*	Postcode*	State*
Address Type*	Billing	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		
Business Phone No.	Mobile No. of Key Contact *	Email of Key Contact (this is the preferred form of contact) *		
Is it a speculative project?* (a project that the Builder carries out for themselves on land that they own)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the owner of the land NOT the contracting party and/or is there any relationship (other than family) between the owner/developer and the builder?*		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Please select the related party interests:	
			<input type="checkbox"/> Joint Ventures <input type="checkbox"/> Land Ownership	<input type="checkbox"/> Common Director <input type="checkbox"/> Shareholders
Please provide full details of the owner of the land				

**Site Address**

House No.* [ ]	House No. Suffix [ ]	Level No. [ ]	Address Site Name (Eg: Property/ Estate) [ ]	Building Name [ ]
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Street Name/ Type* [ ]	Suburb* [ ]	Postcode* [ ]	State* [ ]
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If House Number NOT known, complete the following\*

Lot No.\* [ ] Plan Type\* [ ] Plan No.\* [ ] Section No. [ ]  
(Deposited Plan/Strata Plan/Unregistered)

**Contract Details**

Builder's Project Number [ ]	Estimated Start Date* [ ]	Estimated Completion Date* [ ]	Date Contract Signed* (Actual/Proposed) [ ]
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**Contract Type\***

Standard Fixed Price/ Lump Sum Contract
  Speculative Development including Builder Margin (excluding land value)

Cost Plus Contract: Budget including margin
  Project Management construction cost Budget

Builder's Percentage Margin [ ] % Management Fee \$ [ ]

Contract Price\* \$ [ ] Is this an Architect tendered project and/ or will it be managed by an Architect/ Designer?  Yes  No

If yes, name of Architect/ Designer* [ ]	Telephone No.* [ ]	Builder's Percentage Margin* [ ] %
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**Construction Description\***

Number of units that are*	
	Number*
One Bedroom	[ ]
Two Bedrooms	[ ]
Three Bedrooms	[ ]
Four Bedrooms	[ ]
Other	[ ]
Total Number of Units	[ ]

Please provide a description of the building work to be undertaken* (Description of building work to be undertaken will appear on the Certificate of Insurance) [ ]	No. of Storeys* [ ]
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**Funding and Progress Payment Details\***

How will the project be funded?

Progress Payment by owner
  Progress Payment by Construction Finance Lender

Settlement on completion
  Other (provide details) [ ]

Funding Source/ Name of Financial Institution [ ]	If by a financial institution, please provide a copy of the financial loan approval documents
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Are your progress payments consistent with your Industry Association's guidelines?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no please provide details* <input type="checkbox"/> I/we do not belong to an Industry Association <input type="checkbox"/> My Industry Association does not have any guidelines on progress payments <input type="checkbox"/> Other (please advise) [ ]
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Can you confirm that your scheduled progress payments do not exceed the value of work performed and the materials supplied under the contract to that stage?*	If no please provide details* [ ]
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## Staged/ Retail Development

Is this a stage of a larger development on the same site?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of stages in development	What stage does this application cover?
Are there any commercial/retail units within this development?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details including relative value of residential and commercial work and number of commercial/ retail units	

## Details of Project Consultants

	Name*	ABN*	Contact Details*
Planners			
Design Architects			
Supervising Architects			
Quantity Surveyors			
Structural Engineers			
Mechanical Engineers			
Lift Consultants			
Air-Conditioning Consultants			
Fire Service Consultants			
Principal Certifying Authority			

## Construction Type


Select ONLY ONE of the below construction types (A - C). This MUST match the Construction Type selected on page 1.

### A - New Multiple Dwelling Construction (<= 3 storeys)

## Existing Buildings\*

What existing buildings are to be retained on the site? What development work is required for these buildings?	Estimated value of restoration/ renovation of existing buildings
	\$
Are there any items of work to be completed or supplied by the owner?*	Estimated value
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
If yes please provide details*	

Building Number	Number of Storeys (You can only enter up to three storeys in height)		
	1	2	3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Attach a separate page if more than three buildings need to be listed.

No. of above ground parking levels*	No. of commercial/ retail storeys*	No. of Detached garages*	
No. of basement/ underground parking levels*	No. of dwellings to be retained by developer*		
Swimming Pool/s* <input type="checkbox"/> Yes <input type="checkbox"/> No	Community facilities* (e.g. gymnasium, dining room, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No	Landscaping* <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveway* <input type="checkbox"/> Yes <input type="checkbox"/> No
Paving* <input type="checkbox"/> Yes <input type="checkbox"/> No	Does developer own the land?*	Intention to Strata/ Community Title* <input type="checkbox"/> Yes <input type="checkbox"/> No	Sale off the Plan* <input type="checkbox"/> Yes <input type="checkbox"/> No

## Services

Air Conditioning*	Central Heating*	Solar Panels*	Elevator/ Escalator etc.*	Other Mechanical Services*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## B - Multiple Dwelling Alterations/ Additions - Structural

Number of buildings covered by this application?

No. of above ground parking levels* <input type="text"/>	No. of commercial/ retail storeys* <input type="text"/>
No. of basement/ underground parking levels* <input type="text"/>	

## Type of work to be undertaken

Concrete Spalling/ Scaling repairs*	Detached Garages*	Driveway/ Parking Areas*	Facade Repairs*	Fire Safety Compliance*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Masonry Fencing*	Retaining Wall*	Roofing Repairs*	Structural Landscaping*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Swimming Pool/ Spa (structural/ alteration)*	Underpinning/ Piering*	Waterproofing- Internal*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Waterproofing - External*	Replacement of Cladding*	Other
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

## C - Multiple Dwelling Renovations - Non Structural

Number of buildings covered by this application?

No. of above ground parking levels* <input type="text"/>	No. of basement/ underground parking levels* <input type="text"/>
No. of commercial/ retail storeys* <input type="text"/>	

## Type of work to be undertaken

Driveway/ Paving/ Parking Area*	Fencing*	Minor Swimming Pool Repairs*	Pergolas*	Replacement of Roof Coverings*	Solar Panels*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Trade Work Involving

Bricklaying/ Stonemasonry*	Carpentry/ Joinery*	General Concreting*	Glazing*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Painting/ Decorating*	Roof Plumbing (inc Metal Roofing)*	Roof Slating/ Tiling*	Wall and Floor Tiling*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Plastering - Dry*	Plastering/ Wet*	Plumbing/ Draining*	Gasfitting*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Electrical Wiring/ Repairs*	Air Conditioning/ Heating*	Fire Protection Services*	Other
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

## Privacy Statement

NSW Self Insurance Corporation (SICorp) is a statutory corporation constituted under the *NSW Self Insurance Corporation Act 2004* and is responsible for carrying on the business of providing insurance under the Home Building Compensation Fund (HBCF Insurance) for residential building work done in New South Wales which requires such insurance under the *Home Building Act 1989*. Insurance and Care NSW (icare) provides the services and facilities of the SICorp under the *State Insurance and Care Governance Act 2015*. For the purposes of this Privacy Statement, SICorp and icare together are icare hbcf.

icare hbcf is regulated by the *Privacy and Personal Information Protection Act 1998* and is required to provide the following information to you in relation to your personal information.

### Purpose of Collection:

icare hbcf, through its agents, contractors and associated entities, collects and holds personal information (information or an opinion about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion and which relates to a natural living person) for the purpose of providing HBCF, including (without limitation):

- evaluating your application;
- managing the risks associated with HBCF Insurance;
- providing, administering and managing insurance-related-services following acceptance of an application; and
- investigating, managing and processing claims made under the HBCF Insurance.

icare hbcf and its agents, collect and hold personal information in connection with the purposes listed above, through this application and also from other State or Federal government bodies, your intermediary, insurance agents, loss assessors, claims investigators, reinsurers, insurance companies, mailing houses, claims reference providers, trade credit reference sources, financial assessors, other service providers, legal and other professional advisers or any other third party with relevant information.

Examples of personal information collected include (without limitation):

- your insurance claim history;
- your credit history;
- your financial status and history;
- your corporate history; and
- your personal and professional relationships;
- any other information about you, directly or indirectly relevant to the risk management undertaken by icare hbcf.

### Disclosure:

icare hbcf or its agents may disclose your personal information in connection with the purposes listed above or as otherwise authorised or required by law, to other State or Federal government bodies, your intermediary, our insurance agents, loss assessors, claims investigators, reinsurers, insurance companies, mailing houses, claims reference providers, trade credit reference sources, financial assessors, other service providers, legal and other professional advisers.

### Consequences if information is not provided:

Supply of the information sought in this form is not required by law, however, if you do not provide us with this information we will be unable to consider applications for eligibility or any policy, or to deal with any claim under the HBCF Insurance. If the information is not provided, icare hbcf reserves the right to refuse to deal with any application or request until the requested information is provided.

### Access:

You can request access to, and correction of, your personal information by contacting the Privacy Contact Officer of your insurance agent, through whom you or your distributor have sought insurance, and to whom your information has been provided as our agent.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold about you such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

icare hbcf, GPO Box 4052, Sydney NSW 2001

This address is provided in accordance with *the Privacy and Personal Information Protection Act 1998*. DO NOT send this form to the above address – lodge the form with your Insurance Distributor.

## Builder Declaration

This declaration is made on behalf of the builder by someone who has authority to do so (noting that a false or incorrect declaration may have serious repercussions for the builder):

I/We declare that I/we have provided all information required on the project for which HBCF Insurance is sought and details of the owners involved.

I/We acknowledge that I/we or the builder may be liable to icare hbcf for inadequate, misleading or false information provided in the course of this application.

I/We confirm that the details on this application form are true and represent a fair and accurate representation of the affairs of the applicant(s). If any of the information disclosed in this application alters or materially changes, I/we undertake to notify our broker immediately.

I/We believe that the applicant is currently solvent and can meet all of its financial obligations as and when they fall due.

I/We acknowledge that icare hbcf, or its agent, may seek additional information from me/us, our intermediary or any third party as required from time to time.

I/We acknowledge that icare hbcf, or its agent, reserves, absolutely, the right to reject this application.

I/We acknowledge that if our application for insurance is accepted by icare hbcf, or its agent on icare hbcf's behalf, it is the initial and successive homeowners who are the beneficiaries and not I/we as the applicant/builder.

I/We have read and understood the Privacy Statement section in this application.

## Consents

### For personal applicants:

I consent to icare hbcf and its agents collecting, using and disclosing my personal information in accordance with the Privacy Statement and in any way it reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations.

### For all applicants:

If I have disclosed personal information in this form about any other person, I confirm that I am authorised to disclose this information to icare hbcf and its agents and to consent (and do consent) on that person's behalf to collection, use and disclosure of this and other personal information about them in accordance with the Privacy Statement and in any way it reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations.

Declared by (Name of Authorised Officer)*		Declared by (Name of Authorised Officer)	
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*NB: Section 103EA of the Home Building Act 1989 provides that it is an offence for a person, in connection with an application to an insurer for cover, to make a statement (whether orally, in a document or in any other way) knowing that, or being reckless as to whether, the statement is false or misleading or omitting any matter or thing without which the statement is misleading in a material particular. Such an offence may be punishable by a penalty of up to \$22,000.

icare<sup>TM</sup>