

*Required fields are indicated by an asterisk

- Use this form for projects involving Single Dwelling: 'New Construction', 'Alterations/ Additions - Structural', 'Renovations - Non Structural' and 'Duplex, Dual Occupancy, Triplex and/or Terrace (Attached) Construction' and 'Swimming Pools'.
- For all multiple dwelling projects, including 'New Multiple Dwelling Projects (< = 3 storey)', 'Structural Alterations & Additions' and 'Renovations - Non Structural' to a multiple dwelling, please complete the "Multiple Dwelling Projects application form".
- Please submit this application to your nominated distributor who can 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: State
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		You can visit NSW Fair Trading's website at www.fairtrading.nsw.gov.au 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 E. This should match the one to select on pages 3 to 5)			
<input type="checkbox"/> A - New Single Dwelling Construction		<input type="checkbox"/> D - New Duplex, Dual Occupancy, Triplex and/ or Terrace (Attached) Construction	
<input type="checkbox"/> B - Single Dwelling Alterations/ Additions - Structural		<input type="checkbox"/> E - Swimming Pools	
<input type="checkbox"/> C - Single Dwelling Renovations - Non Structural			
Owner/ Developer Details (as per contract)			
Owner/ Developer (Name in Full)*		ABN	
Address*		Suburb*	Postcode* State*
Address Type* <input type="checkbox"/> 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 there any relationship between the Owner/ Developer/ Builder?*		If yes please provide full details of any related party interests (eg: family members, joint ventures/ land ownership, common director/ shareholders etc.)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Site Address

House No.* []	House No. Suffix []	Unit No. []	Address Site Name (Eg: Property/ Estate) []	Building Name []
-------------------	-------------------------	-----------------	--	----------------------

Street Name/ Type* []	Suburb* []	Postcode* []	State* []
---------------------------	----------------	------------------	---------------

If House Number NOT known, complete the following*

Lot No.* []	Plan Type* [] (Deposited Plan, Strata Plan, Unregistered)	Plan No.* []	Section No. []
--------------	---	---------------	-----------------

Contract Details

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

Contract Type*

<input type="checkbox"/> Standard Fixed Price/ Lump Sum Contract	<input type="checkbox"/> Speculative Development including Builder Margin (excluding land value)
<input type="checkbox"/> Cost Plus Contract: Budget including margin Builder's Percentage Margin [] %	<input type="checkbox"/> Project Management construction cost Budget Management Fee \$ []

Contract Price* \$ [] (If separate contract price required for a duplex etc., please indicate amounts in Section D)	Is this an Architect tendered project and/ or will it be managed by an Architect/ Designer?*
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Are there any items of work to be completed or supplied by the owner?*	If yes please provide details of the work to be completed or supplied by the owner*	Provide the estimated value of the work to be completed or supplied by the owner*
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	[]	\$ []

Construction Description*

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* []	Living Area [] SqM	Garage/ Carport/ Verandah [] SqM
-----------------------	------------------------	--------------------------------------

Funding and Progress Payment Details*

How will the project be funded?

<input type="checkbox"/> Progress Payment by owner	<input type="checkbox"/> Progress Payment by Construction Finance Lender
<input type="checkbox"/> Settlement on completion	<input type="checkbox"/> Other (provide details) []

Are your progress payments consistent with your Industry Association's guidelines?*	If no please provide details*
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I/we do not belong to an Industry Association My Industry Association does not have any guidelines on progress payments Other (please advise) []

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*
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	[]

Construction Type

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

A - New Single Dwelling Construction

Addition/New - Granny Flat* <input type="checkbox"/> Yes <input type="checkbox"/> No		Basement/ Underground parking* <input type="checkbox"/> Yes <input type="checkbox"/> No		Attic* <input type="checkbox"/> Yes <input type="checkbox"/> No		Garage* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Carport* <input type="checkbox"/> Yes <input type="checkbox"/> No		Swimming Pool* <input type="checkbox"/> Yes <input type="checkbox"/> No			Landscaping* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Internal Floor Covering* <input type="checkbox"/> Yes <input type="checkbox"/> No		Transportable House* <input type="checkbox"/> Yes <input type="checkbox"/> No		Kit Home - Erect/ Construct* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kit Home - Supply & Erect/ Construct* <input type="checkbox"/> Yes <input type="checkbox"/> No							
Base Type*				Wall Construction Type*			
<input type="checkbox"/> Bearers and Joists		<input type="checkbox"/> Concrete Slab on Ground		<input type="checkbox"/> Brick/ Block Veneer			
<input type="checkbox"/> Concrete Slab on Strip Footings		<input type="checkbox"/> Steel Framed High Set		<input type="checkbox"/> Timber Boards/ Weatherboards			
<input type="checkbox"/> Pole Construction		<input type="checkbox"/> Other <input type="text"/>		<input type="checkbox"/> Solid Masonry			
<input type="checkbox"/> Other <input type="text"/>				<input type="checkbox"/> Other <input type="text"/>			
Site Fall across the building envelope ¹ * <input type="text"/> Metres							
¹ Site Fall across the building envelope - this refers to the difference in level from the highest point on the envelope boundary to the lowest point on the envelope boundary. The envelope is the area occupied by the building.							
Services							
Air Conditioning* <input type="checkbox"/> Yes <input type="checkbox"/> No		Central Heating* <input type="checkbox"/> Yes <input type="checkbox"/> No		Solar Panels* <input type="checkbox"/> Yes <input type="checkbox"/> No		Elevator/ Escalator etc* <input type="checkbox"/> Yes <input type="checkbox"/> No	
B - Single Dwelling Alterations/ Additions - Structural							
Addition - New Storey* <input type="checkbox"/> Yes <input type="checkbox"/> No		Addition - New Bathroom/ WC* (insert number) <input type="text"/>			Addition - New Bedroom* (insert number) <input type="text"/>		
Addition - New Carport* <input type="checkbox"/> Yes <input type="checkbox"/> No		Addition - New Garage* <input type="checkbox"/> Yes <input type="checkbox"/> No		Addition - New Kitchen* <input type="checkbox"/> Yes <input type="checkbox"/> No		Addition - New Laundry* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Addition - New Living Room* (insert number) <input type="text"/>		Addition - New Screened Enclosure, Verandah, Porch, Deck etc* <input type="checkbox"/> Yes <input type="checkbox"/> No		Addition - New Shed* <input type="checkbox"/> Yes <input type="checkbox"/> No		Addition - Other <input type="text"/>	
Alterations - Attic Conversion* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Basement Conversion* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Existing Bathroom/ WC* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Existing Bedroom* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alterations - Existing Carport* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Existing Garage* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Existing Granny Flat* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Existing Kitchen* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alterations - Existing Laundry* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Existing Screened Enclosure, Verandah, Porch, Deck etc.* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Existing Shed* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - House Lifting/ Restumping* <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Alterations - Underpinning/ Piering* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Masonry Fencing* <input type="checkbox"/> Yes <input type="checkbox"/> No			Driveway/Paving* <input type="checkbox"/> Yes <input type="checkbox"/> No			Fire Protection Services Installation* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retaining Wall* <input type="checkbox"/> Yes <input type="checkbox"/> No		Structural Landscaping* <input type="checkbox"/> Yes <input type="checkbox"/> No		Alterations - Other <input type="text"/>			

Individual Dwelling Features (Non-Shared)

Garage*	Attic*	Carport*	Internal Floor Covering*	Swimming Pool*	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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual Dwelling Services (Non-Shared)

Air Conditioning*	Central Heating*	Solar Panels*	Elevator/ Escalator etc.*
<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

E - Swimming Pools

New InGround Concrete*	New InGround Fibreglass*	New InGround Vinyl Lined*	New InGround - 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="checkbox"/> Yes <input type="checkbox"/> No
New Above Ground*	New Internal Pool (Inside Dwelling)*	Alterations/ Repairs to Existing Pool*	New Spa*
<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

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)	
Signature	Date	Signature	Date
<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.

icareTM