

*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 distributor (broker) 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:	State
			Postcode:	
Email of Key Contact (this is the preferred form of contact)			Business Phone No.	Mobile No. of Key Contact
Is this Project Application arising from a HBCF claim?*			If yes enter Claim No.	
<input type="radio"/> No <input checked="" type="radio"/> Yes				
Does your builder's Licence cover all work being contracted and included in this application?*			<small>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.</small>	
<input type="radio"/> No <input checked="" type="radio"/> Yes				
Construction Type* <small>(select only ONE of the below construction types from A to E. This should match the one selected on pages 4 to 9)</small>				
<input type="radio"/> A - New Single Dwelling Construction		<input type="radio"/> D - New Duplex, Dual Occupancy, Triplex and/or Terrace (Attached) Construction		
<input type="radio"/> B - Single Dwelling Alterations/ Additions - Structural		<input type="radio"/> E - Swimming Pools		
<input type="radio"/> C - Single Dwelling Renovations - Non Structural				
Owner/ Developer Details (as per contract)				
Owner/ Developer - Name in Full*			ABN	
Address*		Suburb	State	Postcode □□□□
Address Type* <input type="checkbox"/> Billing <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other				
Email of Key Contact (this is the preferred form of contact) *			Business Phone No.	Mobile No. of Key Contact*
Is it a speculative project?* (a project that the builder carries out for themselves on land that they own) <input type="checkbox"/> No <input type="checkbox"/> Yes				
Is there any relationship between the Owner/ Developer and the Builder?*			If yes please provide full details of any related party interests (eg: family members, joint ventures/ land ownership, common director/ shareholders etc.)	
<input type="radio"/> No <input checked="" type="radio"/> Yes				

Site Address								
House No.*	House No. Suffix	Unit No.	Address Site Name (Eg: Property/Estate)			Building Name		
Street Name/ Type*				Suburb*	State* NSW	Postcode*		
If House Number is NOT known, complete the following*								
Lot No.*	Plan No.*		Plan Type*		Section No.			
Contract Details								
Builder's Project Number				Estimated Start Date*				
Estimated Completion Date*				Actual or estimated date contract to be signed*				
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?			No	Yes	
Name of Architect/ Designer*			Telephone No.*		Builder's 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*			
No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>								
Construction Type*								
Please provide a description of the construction to be undertaken*								
No of Storeys*		Living Area			Garage/ Carport/ Verandah			
		SqM			SqM			
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)				
Are your progress payments consistent with your Industry Association's guidelines?*				If no please provide details				
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>								
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				
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>								
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								
Basement/ Underground parking*		No	Yes	Attic*		No	Yes	
						Garage*	No	Yes
Carport*		No	Yes	Swimming Pool*		No	Yes	
						Landscaping*	No	Yes

Internal Floor Covering*	No	Yes	Transportable House*	No	Yes	Kit Home - Erect/Construct*	No	Yes													
Kit Home - Supply & Erect/ Construct*			No	Yes	Other																
Base Type*					Wall Construction Type*																
Bearers and Joists					Brick/ Block Veneer																
Concrete Slab on Ground					Timber Boards/ Weatherboards																
Pole Construction					Solid Masonry																
Concrete Slab on Strip Footings					Other																
Steel Framed High Set																					
Other																					
Site Fall across the building envelope ¹					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*	No	Yes	Central Heating*	No	Yes	Solar Panels*	No	Yes	Elevator/ Escalator etc*	No	Yes										
B - Single Dwelling Alterations/ Additions - Structural																					
Addition - New Storey*		Addition - New Granny Flat*		Addition - New Bathroom/ WC* (insert number of)				Addition - New Bedroom* (insert number of)													
No	Yes	No	Yes																		
Addition - New Carport*		Addition - New Garage*		Addition - New Kitchen*				Addition - New Laundry*													
No	Yes	No	Yes	No				Yes													
Addition - New Living Room* (insert number of)		Addition - New Shed*		Addition - New Screened Enclosure, Verandah, Porch, Deck etc*				Addition - Other													
		No		Yes				No				Yes									
Alterations - Attic Conversion*		Alterations - Basement Conversion*				Alterations - Existing Bathroom/ WC*				Alterations - Existing Bedroom*											
No		Yes				No				Yes				No				Yes			
Alterations - Existing Carport*		Alterations - Existing Garage*				Alterations - Existing Granny Flat*				Alterations - Existing Kitchen*											
No		Yes				No				Yes				No				Yes			
Alterations - Existing Laundry*		Alterations - Existing Shed*		Alterations - Existing Screened Enclosure, Verandah, Porch, Deck etc.*				Alterations - Underpinning/ Piering*													
No		Yes		No				Yes				No				Yes					
Alterations - House Lifting/ Restumping*		Driveway/ Paving*				Masonry Fencing*				Retaining Wall*											
No		Yes				No				Yes				No				Yes			
Fire Protection Services Installation*		Structural Landscaping*				Solar Panel Installation*				Alterations - Other											
No		Yes				No				Yes											
C - Single Dwelling Renovations - Non Structural																					
Bathroom Renovation*		Kitchen Renovation*		Laundry Renovation*				Prefabricated Patios*													
No		Yes		No				Yes				No				Yes					

Prefabricated Carports*		Prefabricated Garages*		Prefabricated Sheds*		Fencing*	
No	Yes	No	Yes	No	Yes	No	Yes
Minor Swimming Pool Repairs*		Driveway/Paving*		Pergolas*		Replacement of Roof Coverings*	
No	Yes	No	Yes	No	Yes	No	Yes
						Timber Decks*	
						No	Yes

Trade Work Involving:

Bricklaying/Stonemasonry*		Carpentry/Joinery*		General Concreting*		Glazing*	
No	Yes	No	Yes	No	Yes	No	Yes
Painting and Decorating*		Roof Plumbing (incl. Metal Roofing)*		Roof Slating/Tiling*		Wall and Floor Tiling*	
No	Yes	No	Yes	No	Yes	No	Yes
Plastering - Dry*		Plastering - Wet*		Plumbing/Draining*		Gasfitting*	
No	Yes	No	Yes	No	Yes	No	Yes
Electrical Wiring/Repairs*		Air Conditioning/Heating*		Fire Protection Services*		Renovation - Other	
No	Yes	No	Yes	No	Yes		

D - New Duplex, Dual Occupancy, Triplex and/or Terrace (Attached) Construction

Total Number of Dwellings in Project*

Shared Structural Elements and Services

Common Walls*		Common Roofing*		Common Driveway/Parking Area*		Shared Garage/Carport*	
No	Yes	No	Yes	No	Yes	No	Yes
Shared Air Conditioning System*		Shared Central Heating System*		Solar Panels*		Basement/Underground Parking*	
No	Yes	No	Yes	No	Yes	No	Yes

Other*

Base Type* Bearers and Joists Concrete Slab on Ground Pole Construction Concrete Slab on Strip Footings Steel Framed High Set Other		Wall Construction Type* Solid Masonry Timber Boards/ Weatherboards Brick/ Block Veneer Other	
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Site Fall across the building envelope# Metres

#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.

Individual Dwelling Features (Non-Shared)

Garage*		Attic*		Carport*		Internal Floor Covering*	
No	Yes	No	Yes	No	Yes	No	Yes
Swimming Pool*		Landscaping*		Other*			
No	Yes	No	Yes				

Services - (Individual Dwelling Non-Shared)							
Air Conditioning*		Central Heating*		Solar Panels*		Elevator/ Escalator etc.*	
No	Yes	No	Yes	No	Yes	No	Yes
E - Swimming Pools							
New InGround Concrete*		New InGround Fibreglass*		New InGround Vinyl Lined*		New InGround - Other	
No	Yes	No	Yes	No	Yes		
New Above Ground*		New Internal Pool (Inside Dwelling)*		Alterations/ Repairs to Existing Pool*		New Spa*	
No	Yes	No	Yes	No	Yes	No	Yes
Privacy Statement							

NSW Self Insurance Corporation (SICorp) is a statutory corporation constituted under the NSW Self Insurance Corporation Act 2004 (NSW) 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 (NSW). 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 (NSW) 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.

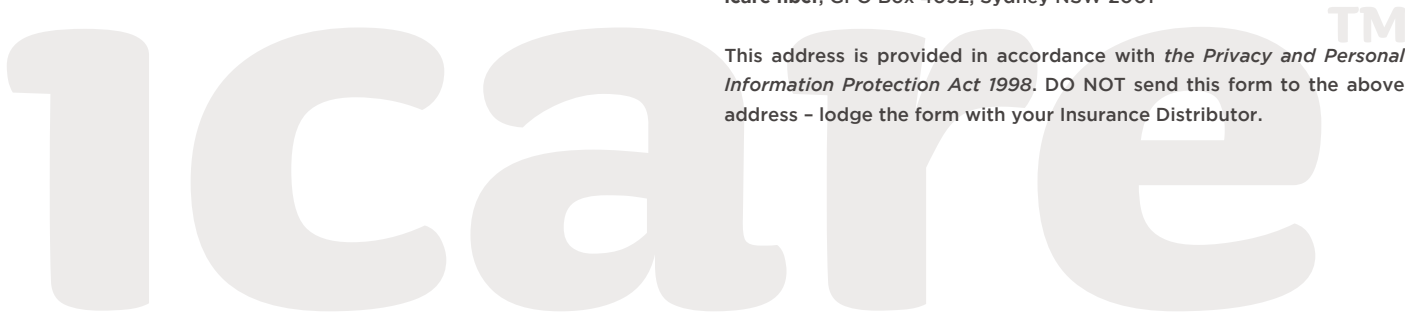
Access:

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 to be executed either by: the sole business proprietor; all business partners in a partnership; sole director if a sole director company; or at least two (2) directors of the company for other companies.

I/We declare that by completing this application and making this declaration, I/we appoint the distributor to whom this application is provided as my/our distributor for the purpose of applying for eligibility to purchase individual job specific policies for insurance with **icare hbcf** from time to time.

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 distributor 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 distributor 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.

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.

Declared by (Name of Authorised Officer)*		Declared by (Name of Authorised Officer)	
Signature	Date	Signature	Date

*NB: Section 103EA of the *Home Building Act 1989 (NSW)* 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.

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