

Project Application for CIMS

Multiple Dwelling Projects

(for projects involving two or more dwellings on one site)

(* Denotes a mandatory field)

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

Builder Details

Builder's Name (i.e. the legal name under which you contract and as shown on your Builder's Licence)* ABN*

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Licence No * Licence Expiry Date* Registered Business Name

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Business Address (Not PO Box Address)* Suburb State Postcode

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Email of Key Contact (*this is the preferred form of contact*) Business Telephone No Mobile No. of Key Contact

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Is this Project Application arising from a HBCF claim?* Yes No ▶ If 'Yes' enter Claim No.

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Notes

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Does your builder's Licence cover all work being contracted and included in this application?* Yes 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 licensed for the work being contracted, HBCF cover is unable to be issued.

Construction Type* (select only ONE of the below construction types from A to D. This should match the one to select on page 4 & 5)

A New Multiple Dwelling Construction (<= 3 storeys)	B Multiple Dwellings Alterations /Additions - Structural
C Multiple Dwellings Renovations - Non Structural	D Other <input style="width: 100%;" type="text"/>

Owner/Developer Details (as per contract)

Owner / Developer - Name in Full* ABN

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Address * Suburb State Postcode

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Address Type* Billing Home Business Other

Email, Business Telephone No and/or Mobile Phone No of key contact (*Email is the preferred form of contact*)*

Email of key contact (*preferred form of contact*) Business Telephone No. Mobile Phone No.

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Is there any relationship between the Owner / Developer and the Builder?* Yes No ►

If Yes, please provide full details of any related party interests (eg: family members, joint ventures/ land ownership, common director / shareholders etc.)

Is it a speculative project?* (a project that the builder carries out for themselves on land that they own) Yes No

Site Address

House No*	House No Suffix	Unit Type	Level Type	Level No	Site Name (Eg: Property/ Estate)	Building Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Name / Type*				Suburb*	State	Postcode*
<input type="text"/>				<input type="text"/>	NSW	<input type="text"/>

If House Number NOT known, complete the following*

Lot No*	<input type="text"/>	Plan Type*	<input type="text"/>	Plan No*	<input type="text"/>	Section No	<input type="text"/>
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Contract Details

Builder's Project Number	<input type="text"/>	Estimated Start Date*	<input type="text"/>
Estimated Completion Date*	<input type="text"/>	Date Contract Signed (Actual / Proposed)*	<input type="text"/>
Actual Project Completion Date	<input type="text"/>		

Contract Type*

Standard Fixed Price/Lump Sum Contract

Cost Plus Contract: Budget including margin

Builder's Percentage Margin %

Speculative Development including Builder Margin (excluding land value)

Project Management construction cost Budget

Management Fee \$

Contract Price* \$

Is this an Architect tendered project and/or will it be managed by an Architect/Designer? Yes No ►

Name of Architect / Designer*	Telephone No*	Builder's Margin
<input type="text"/>	<input type="text"/>	<input type="text"/> %

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 construction to be undertaken*

No of Storeys : *

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

Are your progress payments consistent with your Industry Association's guidelines?* Yes No ►

If 'No' please provide details*

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?*

Yes No ►

If 'No' please provide details*

Staged / Retail Development

Is this a stage of a larger development on the same site?* Yes No Number of stages in development

What stage does this application cover?

Are there any commercial / retail units within this development?* Yes 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			

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?* Yes No ►

If Yes, please provide details below:

Estimated value of work to be completed or supplied by the owner* \$

Construction Type

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

A New Multiple Dwellings Constructions (< = 3 storeys)

Number of buildings covered by this application:

Building Number	Number of Storeys

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

	Building No	1	2	3
No of above ground parking levels*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No of commercial / retail storeys*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community facilities* (e.g. gymnasium, dining room, etc)	Yes	No		
Landscaping*	Yes	No		
Paving*	Yes	No		
Intention to Strata / Community Title*	Yes	No		

	Building No	1	2	3
No of basement / underground parking levels*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No of detached garages*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No of dwellings to be retained by developer*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool/s*	Yes	No		
Driveway*	Yes	No		
Does developer own the land?*	Yes	No		
Sale off the Plan*	Yes	No		

Services

Air Conditioning*	Yes	No
Solar Panels*	Yes	No
Other Mechanical Services*	Yes	No

Central Heating*	Yes	No
Elevator / Escalator etc.*	Yes	No

B Multiple Dwellings Alterations / Additions - Structural

Number of buildings covered by this application:

Building Number	Number of Storeys

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

	Building No	1	2	3
No of above ground parking levels*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No of commercial / retail storeys*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Building No	1	2	3
No of basement / underground parking levels*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of work to be undertaken

Concrete Spalling / Scaling repairs*	Yes	No
Driveway / Parking Areas*	Yes	No
Fire Safety Compliance*	Yes	No

Detached Garages*	Yes	No
Facade Repairs*	Yes	No
Masonry Fencing*	Yes	No

Retaining Wall*	Yes	No	Roofing Repairs*	Yes	No
Solar Panels*	Yes	No	Structural Landscaping*	Yes	No
Swimming Pool /Spa (struct./alteration)*	Yes	No	Underpinning / Piering*	Yes	No
Waterproofing*	Yes	No	Other	<input type="text"/>	

C Multiple Dwellings Renovations - Non Structural

Number of buildings covered by this application:

Building Number	Number of Storeys

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

	Building No	1	2	3		Building No	1	2	3
No of above ground parking levels*		<input type="text"/>	<input type="text"/>	<input type="text"/>	No of basement / underground parking levels*		<input type="text"/>	<input type="text"/>	<input type="text"/>
No of commercial / retail storeys*		<input type="text"/>	<input type="text"/>	<input type="text"/>					

Type of work to be undertaken

Driveway / Paving / Parking Area*	Yes	No	Fencing*	Yes	No
Minor Swimming Pool Repairs*	Yes	No	Pergolas*	Yes	No
Replacement of Roof Coverings*	Yes	No	Timber Decks*	Yes	No

Trade Work Involving

Bricklaying / Stonemasonry*	Yes	No	Carpentry / Joinery*	Yes	No
General Concreting*	Yes	No	Glazing*	Yes	No
Painting / Decorating*	Yes	No	Roof Plumbing (inc Metal Roofing)*	Yes	No
Roof Slating / Tiling*	Yes	No	Wall and Floor Tiling*	Yes	No
Plastering - Dry*	Yes	No	Plastering / Wet*	Yes	No
Plumbing / Draining*	Yes	No	Gasfitting*	Yes	No
Electrical Wiring / Repairs*	Yes	No	Air Conditioning / Heating*	Yes	No
Fire Protection Services*	Yes	No	Other	<input type="text"/>	

D Other

Type of Project*	<input type="text"/>	Number of Buildings covered	<input type="text"/>
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Trade Work Involving

Bricklaying / Stonemasonry*	Yes	No	Carpentry / joinery*	Yes	No
General Concreting*	Yes	No	Glazing*	Yes	No
Painting / Decorating*	Yes	No	Roof Plumbing (inc Metal roofing)*	Yes	No
Roof Slating / Tiling*	Yes	No	Wall and Floor Tiling*	Yes	No
Plastering - Dry*	Yes	No	Plastering / Wet*	Yes	No
Plumbing / Draining*	Yes	No	Gasfitting*	Yes	No
Electrical Wiring / Repairs*	Yes	No	Air Conditioning / Heating*	Yes	No
Fire Protection Services*	Yes	No	Other	<input type="text"/>	

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 HBCF for building work done in NSW that requires such insurance under the *Home Building Act 1989* (NSW).

SICorp 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

SICorp, through its agents, 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 building insurance under the HBCF (insurance) in relation to building work requiring such insurance, including:

- evaluating your application
- providing, administering and managing the insurance services following acceptance of an application; and
- investigating, and if covered, managing and processing claims made in relation to any insurance you have applied for with us.

SICorp 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, 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.

Examples of personal information collected include:

- your insurance claim history;
- your credit history;
- your financial status and history; and
- your corporate directorship history.

Disclosure

SICorp 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 your application for eligibility, administer any policy or manage any claim under the policy.

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 intermediary 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.

NSW Self Insurance Corporation, PO Box A2615, Sydney South, NSW 1235

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

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/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 intermediary to whom this application is provided as my/our broker for the purpose of applying for eligibility to purchase individual job specific policies for insurance with SICorp 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 affair(s) of the applicant(s). If any of the information disclosed in this application alters or materially changes, I/we will notify our intermediary immediately.*

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

I/We acknowledge that SICorp, or its agent, may seek additional information from me/us or our intermediary as required from time to time.

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

I/We acknowledge that if our application for insurance is accepted by SICorp, or its agent on SICorp'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 SICorp and its agents collecting, using and disclosing my personal information in accordance with the Privacy Statement.

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 SICorp 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.

Declared by (Name of Authorised Officer)*

Signature

Date

Declared by (Name of Authorised Officer)

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.**

Select 'Submit Form' to email the completed form to your Broker.
You MUST sign with an electronic signature, before submitting the form.

Select 'Print Form' to print and sign before sending the completed form to your insurance Broker.

Intermediary / Broker Use Only