

HCBF Project application form – Multiple dwelling projects (for projects involving two or more dwellings on one site)

- Use this form for 'new multiple dwelling projects (< = 3 storeys)' and 'structural alterations and 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.
- **Fields marked with an * need to be completed.**

1. Builder details

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

ABN*

Licence number*

Licence expiry date (DD/MM/YYYY)*

Registered business name

Business address (not PO Box address)*

Suburb/town*

State*

Postcode*

Telephone

Mobile

Email (this is the preferred form of contact)

Is this Project Application arising from a hbcf claim?*

Yes No

If 'Yes' enter claim number

Does your builder's licence cover all work being contracted and included in this application?*

Yes No

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, HCBF 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 5 to 7).

- A - New multiple dwelling construction (< = 3 storeys)
- B - Multiple dwellings alterations/additions - structural
- C - Multiple dwellings renovations - non-structural

2. Owner/developer details (as per contract)

Please do not enter Builder details

Owner/developer (name in full)*

ABN

Address type*

- Billing Home Business Other

Address*

Suburb/town*

State*

Postcode*

Telephone

Mobile

Owner/developer primary email address*

Is it a speculative project? (a project that the builder carries out for themselves on land that they own)*

- Yes 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?*

- Yes No

Please select the related party interests:

- Joint ventures Land ownership Common director Shareholders

Please provide full details of the owner of the land

3. Site address

House no.*	House no. suffix	Level no.	Address site name (e.g. property/estate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Building name	Street name/type*
<input type="text"/>	<input type="text"/>

Suburb/town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>

If house number not known, complete the following*

Lot number*	Plan type* (deposited plan, strata plan, unregistered)	Plan number*	Section number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Contract details

Builder's project number	Estimated start date (DD/MM/YYYY)*
<input type="text"/>	<input type="text"/>

Estimated completion date (DD/MM/YYYY)*	Date contract signed (actual/proposed) (DD/MM/YYYY)*
<input type="text"/>	<input type="text"/>

5. Contract type*

Standard fixed price/lump sum contract

Speculative development including builder margin (excluding land value)

Cost plus contract: Budget including margin Builder's percentage margin %

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?*

Yes No

If yes, name of architect/designer*	Telephone*	Builder's percentage margin*
<input type="text"/>	<input type="text"/>	<input type="text"/> %

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*

6. 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 attach 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*

I/we do not belong to an Industry Association

My Industry Association does not have any guidelines on progress payments

Other (provide 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?*

Yes No

If no please provide details*

7. 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

8. 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			

9. Construction type

Select only **one** of the below construction types (A-C). This **must** match the construction type selected on Page 2 Section 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?*

Yes No

If yes, please provide details

Estimated value

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.

Number of above ground parking levels*

Number of basement/underground parking levels*

Number of commercial/retail storeys*

Number of detached garages*

Number of dwellings to be retained by developer*

Swimming pool/s*

 Yes No

Community facilities

(e.g. gymnasium, dining room, etc)*

 Yes No

Landscaping*

 Yes No

Driveway*

 Yes No

Paving*

 Yes No

Does developer own the land?*

 Yes No

Intention to strata/community title

 Yes No

Sale off the plan*

 Yes No

Services:

Air conditioning*

 Yes No

Central heating*

 Yes No

Solar panels*

 Yes No

Elevator/escalator etc*

 Yes No

Other mechanical services*

 Yes No

B - Multiple dwelling alterations/additions - structural

Number of buildings covered by this application?*

Number of above ground parking levels*

Number of basement/underground parking levels*

Number of commercial/retail storeys*

Type of work to be undertaken:

Concrete spalling/scaling repairs*

Yes No

Detached garages*

Yes No

Facade repairs*

Yes No

Fire safety compliance*

Yes No

Masonry fencing*

Yes No

Retaining wall*

Yes No

Roofing repairs*

Yes No

Structural landscaping*

Yes No

Swimming pool/spa (structural/alteration)*

Yes No

Underpinning/piering*

Yes No

Waterproofing - Internal*

Yes No

Waterproofing - External*

Yes No

Replacement of cladding*

Yes No

Other

C - Multiple dwelling renovations - non-structural

Number of buildings covered by this application?*

Number of above ground parking levels*

Number of basement/underground parking levels*

Number of commercial/retail storeys*

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

Solar panels*

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 (including 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

10. 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.

11. 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 Authorised Officer 1*

Signature

Date (DD/MM/YYYY)

Capacity/Position

Declared by Authorised Officer 2

Signature

Date (DD/MM/YYYY)

Capacity/Position

Note: 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.