



HBCF Project application - residential apartment building projects

(projects involving two or more dwellings on one site)

Use this form for:

- new residential apartment building projects (up to three storeys).
- building work to residential apartment buildings (for example, units, flats etc.).

Do not use this form for building work entirely within a multi-dwelling unit, that is, work that does not affect any common areas. Instead, please use the *HBCF Project Application - All work excluding residential apartment building projects* form.

Please submit the completed application form to your distributor (broker) to help you complete it.

- References in this form to Builder and building work include trade and other building contractors/work.
- You must complete all fields marked with an asterisk (*).
- HBCF recommends using the most recent version of Adobe Acrobat when viewing or completing this form.

You can also **complete this form online** in the **Builder Self Service Portal (BSSP)**. Contact your broker for details.

1. Builder details

Builder's name (that is, the legal name under which you contract and as shown on your builder's licence)*

ABN*	Licence	number*	Licence exp	iry date (DD/MM/YYYY) *
Registered business	name	Business	address (not PO Box ac	ddress)*
Suburb/town*			State*	Postcode*
Telephone	Mobile	Email* (t	his is the preferred form o	of contact)
Is this Project Application of the second se	ation arising from an H	BCF claim?*		
If Yes, enter the claim	n number			



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

	N. 1
Yes	No

Visit NSW Fair Trading's website at <u>www.fairtrading.nsw.gov.au</u> 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, we cannot issue HBC insurance cover.

Construction type^{*} (select only one of the below construction types from A to B. This should match the one you select in Section 9. Construction Type).

A - New residential apartment building construction (up to three storeys)

B - Building work on residential apartment buildings

2. Owner/developer details (as per contract)*

Please <u>do not</u> enter builder details.

Owner/developer (nam	AB	ABN*		
Address type*				
Billing	Business Home	Other		
Address*				
Suburb/town*			State*	Postcode*
Telephone	Mobile*	Owner/developer	r primary ema	il address*
Is it a speculative proje	ect? (a project that the builder of	carries out for themselves	s on land that th	ey own)*
Yes No				
Is the owner of the lan	d the contracting party?*			
Yes No				
Please provide full det	ails of the owner of the lanc	k		
Is there any relationshi	p (other than family) betwe	een the owner/develop	per and the Bu	uilder?
Yes No				
Please select the relate	ed party interests:			_
Joint ventures	Land ownership	Common di	rector	Shareholders

3. Site address

House no. suffix	dress site name (e.g. prope r	rty/estate)	
	Street nam	ne/type*	
		State*	Postcode*
) Plan number*	Section number
	w the house number, co	w the house number, complete the following*	w the house number, complete the following*

4. Contract details

Builder's project number	Estimated start date (DD/MM/YYYY)*
Estimated completion date (DD/MM/YYYY)*	Date contract signed (DD/MM/YYYY)*

5. Contract details (signed and dated contract must be submitted with this form)

	Standard fixed price/lump sum contrac	ct		
	Speculative development including bui margin <i>(excluding land value)</i>	lder		
	Cost plus contract: Budget including m	argin	Builder's percen	tage margin
	Project management construction cost	: budget	Management fee	•
Con	tract price (including GST)*			
HBC	F premium allowance		Net contract price	
(incl.	GST) (if included in the contract price)		(incl. GST) (Excluding	g HBCF premium)
ls th	is an architect-tendered project and/or v	vill it be r	managed by an arc	hitect/designer?*
	Yes No			
lf ye	If yes, name of architect/designer* Telepho		ne*	Builder's percentage margin*

Type of apartment	Number of apartments
One bedroom	
Two bedrooms	
Three bedrooms	
Four bedrooms	
Other	
Total number of apartments	

Please provide a description of the building work to be undertaken*	
(this description will appear on the Certificate of Insurance). Max 133 characters.	

No of storeys*

6. Funding and progress payment details*

How will the project be funded?					
Progress payment by owner	Settlement on completion				
Progress payment by a construction finance lender Other <i>(provide details)</i>					
Funding source/name of financial institution					

If funded by a financial institution, please submit a copy of the financial loan approval documents with this form.

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

ls th	is a stag	ge of	a larger development on the sam	ne site?*
	Yes		No	
Nun	nber of	stag	es in development	What stage does this application cover?
Are	there a	ny co	ommercial/retail units within this c	development?*
	Yes		No	
			etails including the relative value ail units	of residential and commercial work and the number of

8. Details of project consultants

Role	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 construction types below: A or B). This must match the construction type you selected at the end of Section 1. Builder Details.

A - New residential apartment building construction (up to three storeys)

Existing buildings*

Yes

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 anv	items of work	to be comp	leted or supp	lied by the	owner/developer?*

If yes, please provide details	Estimated value

No

Building number		Number	of store	YS (you can only enter up to t	hree storeys in height)
1		1	2	3	
2		1	2	3	
3		1	2	3	
4		1	2	3	
5		1	2	3	
6		1	2	3	
If more than six buildings, ple	ease list	them or	n a separ		
Does the developer own the land?*	Ye	es	No	Number of dwellings to	be retained by developer*
Intention to strata/ community title*	Ye	es	No	Sale off the plan?*	Yes No
Number of above-ground pa	rking le	vels*		Number of basement/ur	nderground parking levels*
Number of commercial/retail	storeys	*		Number of detached ga	rages*
Shared Community facilities/ rooms, etc.)*	/building	gs For e	xample, g	gymnasium, meeting/dinir	ng Yes No
Driveway/parking area*	Ye	es	No	Landscaping*	Yes No
Paving*	Ye	es	No	Shared access roads*	Yes No
Shared easements (for example, for services)*	Ye	es	No	Swimming pool*	Yes No
Services*			_		
Air conditioning*	Ye	es	No	Central heating*	Yes No
Elevator/escalator, etc.*	Ye	es	No	Other mechanical serv	ices* Yes No
Solar panels*	Ye	es	No		

B - Building work on Residential apartment buildings

Number of buildings covered by this application?* Number of above-ground parking levels*

Number of basement/underground parking levels*	Number of commercial storeys*

Concrete spalling/scaling Ballustrades* Yes No repairs* Driveway/paving/parking Detached garage(s)* Yes No area* Facade, balcony repairs* No Fencing - masonry* Yes Fencing (other than Yes No Fire safety compliance* masonry)* New rooftop or basement Landscaping (structural)* Yes No swimming pool* Pergolas* No Replacement of cladding* Yes Roofing replacement/ Retaining wall* Yes No repairs* Swimming pool alterations/ Solar panel installation* Yes No repairs* Yes Underpinning/piering* No Waterproofing - external* Waterproofing - internal* Yes No Other Single trade work projects involving: A С Е G

Type of work to be undertaken:

Air conditioning/heating*	Yes	No	Bricklaying*	Yes	No
Carpentry*	Yes	No	Draining*	Yes	No
Electrical wiring/repairs*	Yes	No	Gasfitting*	Yes	No
General concreting*	Yes	No	Glazing*	Yes	No
Joinery*	Yes	No	Painting and decorating*	Yes	No
Plastering - dry*	Yes	No	Plastering - wet*	Yes	No
Roof plumbing (including metal roofing)*	Yes	No	Roof slating/tiling*	Yes	No
Sanitary plumbing*	Yes	No	Stonemasonry*	Yes	No
Wall and floor tiling*	Yes	No	Water plumbing*	Yes	No

Other

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes



10. Privacy statement

NSW Self Insurance Corporation (SICorp) is a statutory corporation constituted under the *NSW Self Insurance Corporation Act 2004* (NSW). It 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 (NSW)*. 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, administering, and managing 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
- 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, (for example, information provided by commercial credit searches conducted by commercial credit bureaus), and legal and other professional advisers or any other third party with relevant information.

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, including regulators, 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, and legal and other professional advisers.

Consequences if you don't provide information

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 icare Privacy team at Privacy@icare.nsw.gov.au.

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.

Note: If you are providing your digital signature or another person's digital signature, this is equally as binding as if it were a wet ink signature. If you are providing another person's digital signature, you may also be incurring legal responsibility in your own right (in addition to the person you are providing a digital signature for).

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 have provided those other persons with the Privacy Statement, and I am authorised to disclose their personal 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 (including the collection of their personal information from third parties) and in any way icare HBCF reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations).

Declared by Authorised Officer 1*		Declared by Authorised Officer 2		
Signature	Date (<i>DD/MM/YYYY</i>)	Signature	Date (<i>DD/MM/YYYY</i>)	
Capacity/Position		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.

Section 9 - Payment Method
Paying by Credit Card: Master Card Visa Paying by EFT
 We accept Master and Visa cards only. Payment is subject to 1% surcharge Please enter your credit card details in the section below. Ensure you pay the total amount including the credit card surcharge as per your premium chart. Please forward the completed application form to The Builders Insurance Brokers:
Email: warranty@buildersbroker.com.au; Fax 02 9579 6680 or Mail: PO Box 12 Penshurst NSW 2222
Amount Card Number - Payment subject to 1% surcharge CCV No Expiry Date
\$ 0.00
Name of the card holder (as shown on the card) Signature
Paying by Cheque: Please ensure your cheque payment is made payable to your nominated Broker and is attached to your Application Form.
Paying by EFT - Please forward your EFT receipt to our office when payment is made. St George Bank - BSB: 332 027 - Account Number 100182841

St George Bank - BSB: 332 027 - Account Number 100182841