

# 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](http://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	
<b>Total number of units</b>	

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.

## 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](mailto: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
<input type="text" value="\$ 0.00"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

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