

# New South Wales Project Application

## All Work Excluding Multiple Dwelling Projects

This application form is 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'  
Please note one application form per dwelling is required.

### GENERAL INFORMATION

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

Licence No.

Name of Key Contact

Mobile No. of Key Contact

Email

To receive the certificate for this project via email, please tick this box.

### SITE ADDRESS

Lot number

Unit number/s

Street number

Street name

Suburb/Town

State

Postcode

### PRIVACY STATEMENT

HIA Insurance Services Pty Ltd ('HIAIS') is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in, as set out in the [HIAIS Privacy Notice](#).

Unless we hear from you otherwise, through the means set out in the [HIAIS Privacy Notice](#), we will assume that you have read the [HIAIS Privacy Notice](#) and you have no objection to us handling your personal information in the manner set out in this notice (which includes contacting you to promote our products and services we think may be of interest to you). A copy of the [HIAIS Privacy Notice](#) can be located on our website [www.hiainsurance.com.au](http://www.hiainsurance.com.au)

### PAYMENT METHOD

**Paying by Credit Card:** Please enter your credit card details in the section below, ensuring you pay the total amount including the credit card surcharge. We accept MasterCard, Visa and AMEX cards only. Payment will only be accepted for individual invoices and must be made in full. Credit card transactions will incur a surcharge of 1% for VISA and Mastercard and 2.75% for AMEX, which will be added at the time of payment processing. **Any changes or corrections must be authorised by the cardholder's signature.**

#### Credit Card Type

Mastercard  Visa  AMEX

I authorise the fee / premium of \$

to be deducted from my nominated credit card.

Card Number





CCV Number

Card Expiry (mm/yyyy)



Name on Card

Signature

Date (dd/mm/yyyy)

To the extent permitted by law, we may correspond with you by electronic communication unless you instruct us not to do so (and vice versa). Electronic communications, such as emailed credit card information are not always secure and they may be read, copied or interfered with in transit. We are not responsible for any of the risks associated with electronic communication.

**Paying by Cheque:** Please ensure your cheque payment is made payable to HIA Insurance Services and is attached to your Application Form.

### LODGEMENT DETAILS - PLEASE FORWARD YOUR PROJECT APPLICATIONS TO HIA INSURANCE SERVICES

**Address:** PO Box 883, North Ryde BC 1670 **Fax:** 1300 694 663 **Email:** [hiais.ryde@aon.com](mailto:hiais.ryde@aon.com)

If you have any queries in regards to this insurance please contact HIA Insurance Services.

NSW Phone: **1300 200 201** Website: [www.hiainsurance.com.au](http://www.hiainsurance.com.au)

\*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 HIA Insurance Services 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.	
No <input type="checkbox"/> Yes <input type="checkbox"/>				
Does your builder's Licence cover all work being contracted and included in this application?*			You can visit NSW Fair Trading's website at <a href="http://www.fairtrading.nsw.gov.au">www.fairtrading.nsw.gov.au</a> 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.	
No <input type="checkbox"/> Yes <input type="checkbox"/>				
<b>Construction Type*</b> (select only ONE of the below construction types from A to E. This should match the one selected on pages 4 to 9)				
A - New Single Dwelling Construction		D - New Duplex, Dual Occupancy, Triplex and/or Terrace (Attached) Construction		
B - Single Dwelling Alterations/ Additions - Structural		E - Swimming Pools		
C - Single Dwelling Renovations - Non Structural				
Owner/ Developer Details (as per contract)				
Owner/ Developer - Name in Full*			ABN	
Address*		Suburb	State	Postcode
				<input type="text"/>
Address Type*	Billing	Home	Business	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?*			No	Yes
(a project that the builder carries out for themselves on land that they own)				
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.)	
No <input type="checkbox"/> Yes <input type="checkbox"/>				

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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?*			No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		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?*			No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		If no please provide details			
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											
Steel Framed High Set											
Other					Other						
Site Fall across the building envelope <sup>1</sup>					Metres						
<sup>1</sup> 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.											
<b>Services</b>											
Air Conditioning*	No	Yes	Central Heating*	No	Yes	Solar Panels*	No	Yes	Elevator/ Escalator etc*	No	Yes
<b>B - Single Dwelling Alterations/ Additions - Structural</b>											
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	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	No	Yes				
Alterations - Existing Carport*		Alterations - Existing Garage*		Alterations - Existing Granny Flat*		Alterations - Existing Kitchen*					
No	Yes	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	No	Yes				
Fire Protection Services Installation*		Structural Landscaping*		Solar Panel Installation*		Alterations - Other					
No	Yes	No	Yes	No	Yes						
<b>C - Single Dwelling Renovations - Non Structural</b>											
Bathroom Renovation*		Kitchen Renovation*		Laundry Renovation*		Prefabricated Patios*					
No	Yes	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*		Timber Decks*	
No	Yes	No	Yes	No	Yes	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\*

<b>Base Type*</b> Bearers and Joists Concrete Slab on Ground Pole Construction Concrete Slab on Strip Footings Steel Framed High Set Other		<b>Wall Construction Type*</b> 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.

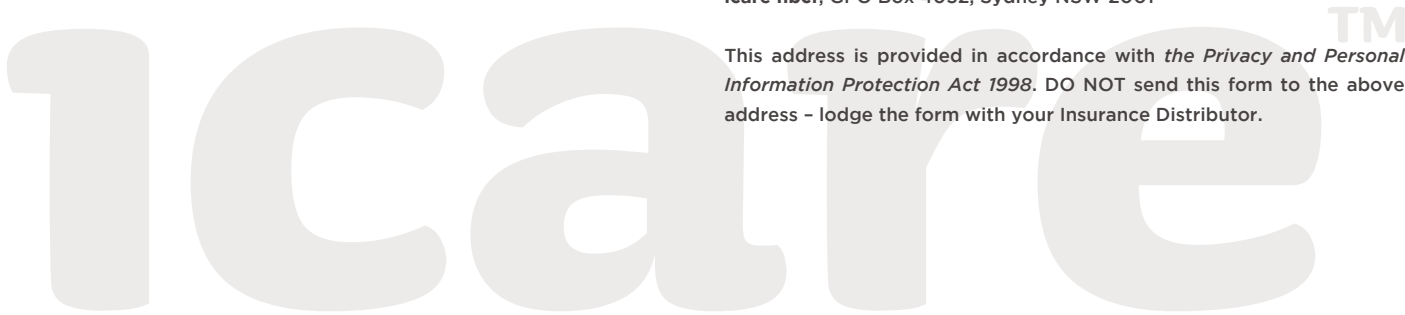
**Access:**

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.

The image shows a large, light grey watermark logo for 'icare'. The logo consists of a small circle above the letter 'i', followed by the word 'icare' in a bold, lowercase, sans-serif font.