

New South Wales Project Application

Multiple Dwelling Projects

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

This application form is for 'New Multiple Dwelling Projects (< = 3 storey)', 'Structural Alterations & Additions' and 'Non-structural Renovations' to a multiple dwelling Projects. This application form is to be used where policies are required for multi-unit dwelling contracts of two (2) or more dwellings on the one site.

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 handing 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

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

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

*Required fields are indicated by an asterisk

- Use this form for 'New Multiple Dwelling Projects (< = 3 storeys)' and 'Structural Alterations & 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 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 the completed application to HIA Insurance Services who can also 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*	
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 icare hbcf claim?*		If yes enter Claim No.		
Does your builder's Licence cover all work being contracted and included in this application?*		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, HBCF 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 3 to 5)				
A - New Multiple Dwelling Construction (< = 3 storeys)		C - Multiple Dwellings Renovations (Non Structural)		
B - Multiple Dwellings Alterations/Additions - Structural				
Owner/ Developer Details (as per contract)				
Owner/ Developer (Name in Full) *			ABN	
Address*		Suburb*	State*	Postcode*
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?* (a project that the Builder carries out for themselves on land that they own)				No Yes
Is there any relationship between the Owner/ Developer/ Builder?*		If yes please provide full details of any related party interests (eg: family members, joint ventures/ land ownership, common director/ shareholders etc.)		
No Yes				

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Site Address			
House No*	House No. Suffix	Address Site Name (Eg: Property/ Estate)	Building Name
Street Name/ Type*		Suburb*	State* Postcode*
If House Number 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*	Date Contract Signed* (Actual/Proposed)
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?		No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, name of Architect/ Designer*		Telephone No.*	Builder's Margin*
Construction Type*			
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?*		If no please provide details*	
▶ No Yes			
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?*			If no please provide details*
▶ No Yes			

Staged/ Retail Development

Is this a stage of a larger development on the same site?*	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please provide brief details
Number of stages in development	What stage does this application cover?	Are there any commercial/ retail units within this development? No <input type="checkbox"/> Yes <input type="checkbox"/>

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? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes please provide details*	Estimated value



Construction Type

Select ONLY ONE of the below construction types (A - C). This MUST match the Construction Type selected.

A - New Multiple Dwelling Construction (<= 3 storeys)

Building Number	Number of Storeys (you can only enter up to three storeys in height)
1	
2	
3	

No. of above ground parking levels*	No. of commercial/ retail storeys*		
No. of basement/ underground parking levels*	No of Detached garages *		
	No. of dwellings to be retained by developer*		
Community facilities* (e.g. gymnasium, dining room, etc)	Swimming Pool/s*	Landscaping*	Driveway*
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Paving*	Does developer own the land?*	Intention to Strata/ Community Title*	Sale off the Plan*
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Services											
Air Conditioning*		Central Heating*		Solar Panels*		Elevator/ Escalator etc.*		Other Mechanical Services*			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes		
B - Multiple Dwelling Alterations/ Additions - Structural											
Number of buildings covered by this application					 Attach a separate page if more than three buildings need to be listed.						
1	2	3	4 or more								
No. of above ground parking levels*					No. of basement/ underground parking levels*						
No. of commercial/ retail storeys*											
Type of work to be undertaken											
Concrete Spalling/ Scaling repairs*		Detached Garages*		Driveway/ Parking Areas*		Facade Repairs*		Fire Safety Compliance*			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes		
Masonry Fencing*		Retaining Wall*		Roofing Repairs*		Solar Panels*		Structural Landscaping*			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes		
Swimming Pool/ Spa (structural/ alteration)*				Underpinning/ Piering*		Waterproofing*		Other			
No	Yes			No	Yes	No	Yes				
C - Multiple Dwelling Renovations - Non Structural											
Number of buildings covered by this application					 Attach a separate page if more than three buildings need to be listed.						
1	2	3	4 or more								
No. of above ground parking levels*					No. of basement/ underground parking levels*						
No. of commercial/ retail storeys*											
Type of work to be undertaken											
Driveway/ Paving/ Parking Area*		Fencing*		Minor Swimming Pool Repairs*		Pergolas*		Replacement of Roof Coverings*		Timber Decks*	
No	Yes	No	Yes	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	No	Yes		
Painting/ Decorating*		Roof Plumbing (inc Metal Roofing)*			Roof Slating/ Tiling*			Wall and Floor Tiling*			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes		
Plastering - Dry*		Plastering/ Wet*			Plumbing/ Draining*			Gasfitting*			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes		
Electrical Wiring/ Repairs*		Air Conditioning/ Heating*			Fire Protection Services*			Other			
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.

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 distributor, 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 icare 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.

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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.