



Home Warranty
Insurance Fund



INSURANCE
SERVICES

PROJECT APPLICATION FOR HOME WARRANTY INSURANCE (ALL WORK - OTHER THAN MULTIPLE DWELLING PROJECTS)

- Please ensure all questions are completed and the declaration at the end of this form is signed prior to lodgement with your insurance broker.
- For any assistance in completing this form please contact your insurance broker.
- Please ensure payment is attached prior to lodgement with your broker
- For multi dwelling/unit projects (i.e. two (2) or more dwellings/units on one site including a duplex and alterations/additions to a multi unit building) use the Multiple Dwelling Projects application form
- References in this form to 'builder' and 'building work' include trade and other building contractors/work.

Section 1 - Builder Licence Details

Builder's Licence Name Licence Expiry Date

Builder's Licence Number Industry Association Name/s

Registered Business Name ABN

Business Address (not P.O. Box Address) Postcode

Telephone Number Facsimile Number

Mobile Phone Number Email Address (of key contact)

Are you entitled to claim an Input Tax Credit on the Premium? No Yes ► If **Yes**, how much - 100% or other? %

Section 2 - Owner Details (as per contract)

Full Name(s)

Current Postal Address State Postcode

Telephone Number Mobile Phone Number

Is there any relationship between the owner and the builder? No Yes ► If **Yes**, details of relationship

INTERMEDIARY



INSURANCE
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Please forward your project applications to:

Post: PO Box 883, North Ryde BC 1670
Fax: 1300 694 663 or Email: hiays.ryde@aon.com

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

NSW Phone: 1300 200 201

ACT Phone: 1300 400 401

VIC Phone: 1300 554 227

Website: www.hiainsurance.com.au

Section 3 - Site Details

Unit Number Lot Number or Street Number Street Name

Suburb Postcode

Council Details and Development Application / Complying Development Certificate Number and name of Principal Certifying Authority (if known)

Section 4 - Construction Type

New Single Dwelling Renovation/Improvements (non-structural*) Relocatable
 Alteration/Addition (structural) Swimming Pool Other (e.g. garage)
 Transportable

*Includes kitchens, bathrooms, carports and pergolas etc.

Project Description

Number of Storeys: One Two Three

Square Metres of:
Living Area

 sq. mtrs

Garage/Carport/Verandah

 sq. mtrs

Section 5 - Contract Details

Builder's Project Number

Estimated Start Date

Estimated Completion Date

Actual or Estimated Date Contract to be Signed

Contract Price (including GST):

Standard Fixed Price/Lump Sum Contract

 \$

Speculative Home: including Builder Margin (excl. land value)

OR \$

Cost Plus Contract: Budget including Margin

OR \$ Percentage Margin %

Project Management

OR Construction Cost Budget \$ Management Fee \$

Section 5 - Contract Details (cont'd)

Will this project be managed by an architect/designer?

No

Yes ►

If **Yes**, please advise the name of the architect/designer. The homeowner should complete the Owner Tender Statement form and forward separately to the broker. Please also declare your margin as calculated for your quote.

Name of Architect/Designer

Telephone Number

Margin

 %

Are there any items of work to be completed or supplied by the owners?

No

Yes ►

If **Yes**, please provide details below:

Estimated Value: \$

Section 6 - Progress Payment Details

Are your progress payments consistent with your Industry Association's guidelines?

Yes

No

► If **No**, please provide details below

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 below

Section 7 - 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 home warranty insurance for building work done in New South Wales that requires such insurance under the *Home Building Act 1989* (NSW). SICorp 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

SICorp, through its agents, 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 home warranty insurance (insurance) in relation to building work requiring such insurance, including:

- evaluating your application;
- providing, administering and managing the insurance services following acceptance of an application; and
- investigating, and if covered, managing and processing claims made in relation to any insurance you have applied for with us.

SICorp and its agents, collect personal information in connection with the purposes listed above, through this application and also from 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.

Examples of personal information collected include:

- your insurance claim history;
- your credit history;
- your financial status and history; and
- your corporate directorship history.

Disclosure

SICorp 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 your application for insurance coverage, administer any policy or manage any claim under the policy.

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 intermediary 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.

NSW Self Insurance Corporation PO Box A2615, Sydney South, NSW 1235.

Do NOT send your application form to this address - lodge the form with your insurance broker. This address is provided in accordance with the *Privacy and Personal Information Protection Act 1998*.

Section 8 - 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/at least 2 directors of the company for other companies.

I/We declare that by completing this application and making this declaration, I/we appoint the intermediary to whom this application was provided as my/our broker for the purpose of applying for home warranty insurance with SICorp for a specific individual construction project.

I/We confirm that the details on this application form are true and represent a fair and accurate representation of the affair(s) of the applicant(s). If any of the information disclosed in this application alters or materially changes, I/we will notify our intermediary immediately.*

I/We believe that the applicant is currently solvent and in its capacity can meet all of its financial obligations as and when they fall due.

I/We acknowledge that SICorp, or its agent, may seek additional information from me/us or our intermediary as required from time to time.

I/We acknowledge that SICorp, or its agent, reserves the right to reject this application.

I/We acknowledge that if our application for home warranty insurance is accepted by SICorp, 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 SICorp and its agents collecting, using and disclosing my personal information in accordance with the Privacy Statement.

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 SICorp 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.

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 home warranty insurance, 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: Please enter your credit card details in the section below, including the total amount payable. We accept MasterCard and Visa Cards only. Payment will only be accepted for individual certificates and must be made in full. **Any changes or corrections must be authorised by the cardholder's signature.**

MasterCard Visa

Amount

Card Number

CCV Number

Expiry Date

Name as shown on Card

Signature

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

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