



# APPLICATION FOR MULTI-UNIT DEVELOPMENT

- 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.
- This application form is to be used where policies are required for multiple dwelling projects (i.e. two (2) or more dwellings/units on one site including a duplex and alterations/additions to a multi unit building)
- Please ensure payment is attached prior to lodgement with your broker.
- 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  Builder's Licence Number  Licence Expiry Date

Registered Business Name  ABN

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

Telephone Number  Facsimile Number

Mobile Phone Number  Email Address (of key contact)

Industry Association Name/s

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

## Section 2 - Owner/Developer Details (as per contract)

Name  ABN

Home or Office Postal Address  Postcode

Business Telephone Number  Mobile Phone Number

Contact Name  Email Address (of key contact)

Is there any relationship between the owner/developer and the builder? No  Yes

If **Yes**, please provide full details of any related party interests e.g. family members, joint ventures/land ownership, common director/shareholders etc.

### INTERMEDIARY



Please forward your application to:

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

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

**NSW** Ph: 1300 200 201

**ACT** Ph: 1300 400 401

**VIC** Ph: 1300 554 227

**Website:** [www.hiainsurance.com.au](http://www.hiainsurance.com.au)

## Section 3 – Contract Details

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 Development: including Builder Margin (excl. land value)

OR  \$

#### Cost Plus Contract: Budget including Margin

OR  \$

Percentage Margin

 %

Date Contract Signed

How is this project being funded? ► If by a Financial Institution please provide a copy of the financial loan approval documents.

Funding source/Name of Financial Institution

Will this project be managed by an architect/designer?

No

Yes

► If **Yes**, please advise the name of the architect/designer. The owner/developer 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

 %

## Section 4 - Construction Type

Your response to this section will determine the number of certificates required and the unit number identification of each certificate.

Number of Units that are:	Average Cost Per Unit	
	No.	\$
One bedroom		\$
Two bedrooms		\$
Three bedrooms		\$
Four bedrooms		\$
Other, please specify:		\$
<b>TOTAL</b>		

Please provide a description of the construction to be undertaken (e.g. townhouses, villas, etc.)

  
  


Full site address (including Unit Number, Lot Number, Serial Number, Street Number, Street Name, State and Postcode)

  
  


No. of Storeys:

No. of Basement/Carpark Levels:

How will the units be numbered when offered for sale?

(i.e. what is the numbering system required for the respective certificates sought?)

from  to

## Section 4 - Construction Type (cont'd)

What will be the address once completed?

Postcode



Is this a stage of a larger development on the same site?

No

Yes

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

  


Are there any commercial/retail units within this development?

No

Yes

If **Yes**, please provide details including relative value of residential and commercial work.

  


Provide details below of all external consultants used on the project.

	Name	Contact Details
Planners:	<input type="text"/>	<input type="text"/>
Design Architects:	<input type="text"/>	<input type="text"/>
Supervising Architects:	<input type="text"/>	<input type="text"/>
Quantity Surveyors:	<input type="text"/>	<input type="text"/>
Structural Engineers:	<input type="text"/>	<input type="text"/>
Mechanical Engineers:	<input type="text"/>	<input type="text"/>
Lift Consultants:	<input type="text"/>	<input type="text"/>
Air-Conditioning Consultants:	<input type="text"/>	<input type="text"/>
Fire Service Consultants:	<input type="text"/>	<input type="text"/>
Principal Certifying Authority (If known)	<input type="text"/>	<input type="text"/>

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

Yes

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

  
  


Estimated Value: \$

## Section 5 - 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 all 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 6 - 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 is 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.**

# HOME WARRANTY INSURANCE - APPLICATION CHECKLIST

Please ensure you have included the following details and supporting documents (as required) to complete your application lodgement successfully:

- |  |  |
|--|--|
| <input type="checkbox"/> Fully completed and signed Application Form.                                      | <input type="checkbox"/> Cheque payable to HIA Insurance Services (if this payment method is selected).  |
| <input type="checkbox"/> Evidence of ownership (e.g. rates notice) of the site address shown in Section 4. | <input type="checkbox"/> Additional supporting evidence or documentation required to demonstrate ability to meet capability/experience criteria (e.g. CVs, appropriate references, etc.) |
| <input type="checkbox"/> Copy of Building Contract.  | <input type="checkbox"/> To receive the certificate for this project via email, please tick this box.  |
| <input type="checkbox"/> Evidence of Funding (i.e. loan approval)  |  |

## Section 7 - 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

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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.