

New South Wales Project Application

All Work Excluding Multiple Dwelling Projects

If the intent is to tick (D) construction type, New duplex, dual occupancy, triplex and/or terrace (attached) construction including a new single dwelling with a granny flat/secondary dwelling.
Please include a copy of the **Development application (DA) and architectural plans.**

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

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, to view the current card payment/interchange fees please visit the following: aon.com.au/australia/terms_of_business.jsp. 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

- Use this form for projects involving single dwelling: new construction, alterations/additions and non-structural renovations.
- Use this form for a new single dwelling with an additional secondary dwelling (granny flat).
- Use this form for non-strata duplex, dual occupancy, triplex and/or terrace (attached) construction.
- **Do not use this form** for new duplex, dual occupancy, triplex and/or terrace (attached) construction **that will be strata/community titled**. Use the multi-dwelling project application form instead.
- **Do not use this form** for multiple dwelling projects
- Use this form for swimming pools
- Please submit this application to your nominated distributor who can 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.**

HBCF recommends using the most recent version of Adobe Acrobat when viewing or completing this form. You can complete this form online, contact your broker for details.

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 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 E. This should match the one selected on pages 4 to 7).

- A - New single dwelling construction
- B - Single dwelling alterations/additions - structural
- C - Single dwelling renovations - non-structural
- D - New duplex, dual occupancy, triplex and/or terrace (attached) construction including a new single dwelling with a granny flat/secondary dwelling
- E - Swimming pools

2. Owner/developer details (as per contract)

Please do not enter Builder details.

Owner/developer (name in full)*

ABN

Registered business name

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	Unit 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"/> %

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

Yes No

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*

\$

6. Construction description*

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)

Number of storeys*

Living area (SqM)

Garage/carport/verandah (SqM)

7. 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?*

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*

8. Construction type

Select only **one** of the below construction types (A-E). This **must** match the construction type selected on page 2.

A - New single dwelling construction

Addition/new - Granny flat*

Yes No

Basement/underground parking*

Yes No

Attic*

Yes No

Garage*

Yes No

Carport*

Yes No

Swimming pool*

Yes No

Internal floor covering*

Yes No

Transportable house*

Yes No

Kit home - Erect/construct*

Yes No

Landscaping

Yes No

Kit home - Supply and erect/construct*

Yes No

Base type*

<input type="checkbox"/> Bearers and joists	<input type="checkbox"/> Concrete slab on ground
<input type="checkbox"/> Concrete slab on strip footings	<input type="checkbox"/> Pole construction
<input type="checkbox"/> Steel framed high set	<input type="checkbox"/> Other <input type="text"/>

Wall construction type*

<input type="checkbox"/> Brick/block veneer	<input type="checkbox"/> Solid masonry
<input type="checkbox"/> Timber boards/weatherboards	<input type="checkbox"/> Other <input type="text"/>

Site fall across the building envelope¹* (metres)

¹Site 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.

Services:

Air conditioning*	Central heating*	Solar panels*	Elevator/escalator etc*
<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"/> No

B - Single dwelling alterations/additions - structural

Addition - New storey*	Addition - New bathroom/WC* (insert number)	Addition - New bedroom*(insert number)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	
Addition - New carport*	Addition - New garage*	Addition - New kitchen*	Addition - New laundry*
<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"/> No
Addition - New living room* (insert number)	Addition - New screened enclosure, verandah, porch, deck etc*		
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Addition - New shed*	Addition - Other		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		

Alterations - Attic conversion*	Alterations - Basement conversion*	Alterations - Existing bathroom/WC*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alterations - Existing bedroom*	Alterations - Existing carport*	Alterations - Existing garage*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alterations - Existing granny flat*	Alterations - Existing kitchen	Alterations - Existing laundry*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alterations - Existing screened enclosure, verandah, porch, deck etc*	Alterations - Existing shed*	Alterations - House lifting/restumping*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alterations - Underpinning/piering*	Waterproofing - Internal*	Waterproofing - External*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Masonry fencing*	Driveway/paving*	Fire protection services installation*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Retaining wall*
 Yes No

Structural landscaping*
 Yes No

Alterations - Other

C - Single dwelling renovations - non structural

Bathroom renovation*
 Yes No

Kitchen renovation*
 Yes No

Laundry renovation*
 Yes No

Prefabricated patios*
 Yes No

Prefabricated carports*
 Yes No

Prefabricated garages*
 Yes No

Prefabricated sheds*
 Yes No

Fencing*
 Yes No

Solar panel installation*
 Yes No

Minor swimming pool repairs*
 Yes No

Driveway/paving*
 Yes No

Pergolas*
 Yes No

Replacement of roof coverings*
 Yes No

Timber decks*
 Yes No

Trade work involving:

Bricklaying/stonemasonry*
 Yes No

Carpentry/joinery*
 Yes No

General concreting*
 Yes No

Glazing*
 Yes No

Painting and 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

Other

D - New primary dwelling & an additional secondary dwelling(granny flat), dual occupancy, triplex and/or terrace (attached) construction.

Do not use this form if any of these construction types will be strata/community titled, use the multi dwelling project application form.

Is separate price/value per dwelling required?*

Yes No

Total number of dwellings in project

Please indicate price for each dwelling (please complete if separate price/value per dwelling required)

House no.s

\$

\$

\$

Shared structural elements and services:

Common walls*

Yes No

Common roofing*

Yes No

Common driveway/parking area*

Yes No

Shared garage/carport*

Yes No

Shared air conditioning system*

Yes No

Shared central heating system*

Yes No

Solar panels*

Yes No

Basement/underground parking*

Yes No

Other

Base type*

Bearers and joists

Concrete slab on ground

Concrete slab on strip footings

Pole construction

Steel framed high set

Other

Wall construction type*

Brick/block veneer

Solid masonry

Timber boards/weatherboards

Other

Site fall across the building envelope¹* (metres)

¹Site 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*

Yes No

Attic*

Yes No

Carport*

Yes No

Internal floor covering*

Yes No

Swimming pool*

Yes No

Landscaping*

Yes No

Individual dwelling services (non-shared)

Air conditioning*

Yes No

Central heating*

Yes No

Solar panels*

Yes No

Elevator/escalator etc*

Yes No

E - Swimming Pools

New inground concrete*

Yes No

New inground fibreglass*

Yes No

New inground vinyl lined*

Yes No

New inground - Other

New above ground*

Yes No

New internal pool (inside dwelling)*

Yes No

Alterations/repairs to existing pool*

Yes No

New spa*

Yes No

9. 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*. 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.

10. 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)

Declared by Authorised Officer 2

Signature

Date (DD/MM/YYYY)

Capacity/Position

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.