

New South Wales Builder Eligibility/Profile Change Application

Insurance under the Home Building Compensation Fund (HBCF)



Name of Applicant Builder

NSW Builder's Licence No.

INFORMATION THAT YOU MUST SUPPLY WITH THIS APPLICATION

Please ensure all appropriate boxes are ticked to indicate that you included the details and supporting documents to the application for successful lodgement.

- ☐ Fully completed and signed application form.
- ☐ Evidence of ownership for properties shown in Section 5 (e.g. Current Council Rates Notice).
- ☐ Confirmation of Eligibility for insurance in other States/Territories where building activity is being undertaken.
- ☐ Current statement of personal assets and liabilities (as set out in the application form for each partner or principal).

Work-in-progress (WIP) summary of all jobs under construction including:

- ☐ Site address ☐ Contract value ☐ Estimated completion date ☐ Undrawn contract value
- ☐ Current stage of works ☐ Commencement date ☐ Name of owner ☐ Cost to complete
- ☐ Copy of Trust Deed for applicants operating as a Trustee.
- ☐ Copy of Franchise Agreement for applicants operating as a Franchise
- ☐ Description of any group structures that include the building company as a subsidiary or related entity.

This should include financial reports from the past three (3) years for related parties with substantive financial transactions to the building entity.

Financial evidence - sole trader or partnership.

- ☐ Attach Tax Returns for the past three (3) years, the most recent not being more than 12 months old (not Notification of Assessments).
- ☐ Statement of working capital (required where accounts are more than three (3) months old) supported by:
 - Bank and credit card statements
 - Current creditors list
 - Current debtors list

Financial evidence - Company or Trust.

- ☐ Attach financial statements for the past three (3) years.
These must be full and final accounts as prepared by an accountant and signed off by director. Final accounts must include trading statement, profit and loss sheets, balance sheet and notes for accounts. If financials are older than nine (9) months, also provide interim statements which are no more than three (3) months old.
- ☐ Additional supporting evidence required to demonstrate capability/experience for requested contract limits above standard limits or for multi-units or if seeking approval for Architect Managed Projects.
(E.g. resumes and technical references from architects or structural engineers setting out previous job values, job description, completion date, the role of the applicant and contract value.)

For new entities requesting an open job value of above \$10 million:

- ☐ Display home information ☐ Business plan ☐ Cash flow forecasts for Builders with over \$30 million turnover

Where 'Yes' is answered to questions 4, 5 & 6 of Section 4 :

- ☐ Administrator's Report / Liquidator's Report / Deed of Company Arrangement / Bankruptcy Trustee Report

Select '**Submit Form**' to email the completed form to HIA Insurance Services. Form MUST be signed with an Electronic signature, before submitting.

Select '**Print Form**' to print and sign before sending the completed form to HIA Insurance Services.

- References in this form to Builders and Building work include and apply to work undertaken by trade contractors and other building contractors such as Electricians, Plumbers, Carpenters, Swimming Pool Builders etc.
- The information provided in this form will be the basis on which an assessment is undertaken in order to determine appropriate eligibility profile limits, eligibility conditions and application of pricing factors.

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 DETAILS FOR NEW HOME WARRANTY INSURANCE APPLICATION

A fee of \$295 (including G.S.T.), representing services provided by HIA Insurance Services Pty Ltd, is payable on submission of this new application form.

- ☐ **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 | <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX | I authorise the fee of \$295.00 to be deducted from my nominated credit card. | |
| Card Number | <input type="text"/> | CCV Number | <input type="text"/> |
| Name on Card | <input type="text"/> | Card Expiry (mm/yyyy) | <input type="text"/> |
| Signature | <input type="text"/> | Date (dd/mm/yyyy) | <input type="text"/> |

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 for \$295 is made payable to HIA Insurance Services and is attached to your new Application

PLEASE FORWARD YOUR PROJECT APPLICATIONS TO HIA INSURANCE SERVICES:

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

Phone: 1300 200 201

Website: www.hiainsurance.com.au

Builder Eligibility/Profile Change Application for HBCF Insurance

*Required fields are indicated by an asterisk

- This form is to be completed by Building and trade contractors who are seeking eligibility and those eligible Builders and contractors who wish to change their eligibility profile for insurance under the Home Building Compensation Fund (HBCF) in NSW.
- For applications to change a Builder's eligibility profile, complete only sections 1, 3, and 7, as well as section 5 if applying for an increase in open job limit or value.
- Ensure all required sections are completed, including the checklist on the last page, and the declaration is signed prior to lodgement with HIA Insurance Services.
- For assistance in completing the form, please contact HIA Insurance Services

PLEASE FORWARD YOUR APPLICATION TO HIA INSURANCE SERVICES:

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

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

Phone: 1300 200 201

Website: www.hiainsurance.com.au

Section 1 - General Information

Name of Applicant Builder *(i.e the legal name under which you contract and as shown on your NSW Builder's licence)**

Business address *(Not PO Box Address)**

Suburb*

State*

Postcode*

NSW Builder's licence no.*

Licence expiry date*

Name of industry association *(if you hold membership)*

Registered business name/trading name *(if applicable)*

ACN of applicant builder
*(if Company)**

ABN of applicant builder,
if held*

Date the business started
trading*

Business structure

Select type of business structure:*

☐

Sole trader

☐

Partnership

☐

Company

Does the applicant builder operate as a Trustee of a Trust?*

☐

No

☒

Yes

Enter name of the Trust.

Attach a copy of the Trust Deed

Trust ABN

Which ABN do you trade under?

Does the applicant Builder source contracts through a third party ☐ No ☒ Yes Please provide details
(Eg: marketer, real estate agent)*

Does the applicant Builder operate or intend to operate as a franchise?*

☐ No ☒ Yes

Name of franchise

Region/Area

Attach a copy of the Franchise Agreement

Brief description of the type of work your business undertakes

(e.g. structural alterations, renovations, single dwellings, etc)*

Does the applicant Builder operate as part of a Business Group?*

☐ No ☒ Yes

Name of the Business Group

Are the accounts/financial statements of the applicant builder to be externally audited?*

☐ No ☐ Yes

Does the applicant builder hold eligibility in another State(s)?*

☐ No ☒ Yes

Annual turnover limit

State

Do any other members of the Business Group hold eligibility in other States?*

☐ No ☒ Yes

Please provide details

| Name of entity | Turnover limit \$ | Issuing state |
|----------------|-------------------|---------------|
| | | |
| | | |
| | | |

Name of key contact*

Mobile phone number

Email (one form of contact is mandatory)*

Business phone number

Section 2 - Builder Licence/Registration/Accreditation Information

Please list all Building Licences held by the business entity including nominated officers. Nominated officers include supervisors, directors, project managers, partners etc.*

| Name on licence | Licence no. | Issuing state | Year issued |
|-----------------|-------------|---------------|-------------|
| | | | |
| | | | |
| | | | |

Provide details of each proprietor/partner/director of this business*

Please attach additional copies of this section if required.

Proprietor / Partner (1) / Director (1)

Date of birth

Individual licence no.

Previous building experience, including this business for past two (2) years

Name of Business

Position held

From

To

Partner (2) / Director (2)

Date of birth

Individual licence no.

Previous building experience, including this business for past two (2) years

Name of Business

Position held

From

To

Partner (3) / Director (3)

Date of birth

Individual licence no.

Previous building experience, including this business for past two (2) years

Name of Business

Position held

From

To

Partner (4) / Director (4)

Date of birth

Individual licence no.

Previous building experience, including this business for past two (2) years

Name of Business

Position held

From

To

Partner (5) / Director (5)

Date of birth

Individual licence no.

Previous building experience, including this business for past two (2) years

Name of Business

Position held

From

To

If no building activity was undertaken for the last 12 months, what has been the nature of your business/employment?

Section 3 - Building Activity

Please provide the below details as to proposed projects in NSW to be open (under construction) at any time.*

| Type of project | Value of projects under construction \$* | No. of projects under construction* | Maximum value of any one project \$* |
|---|--|-------------------------------------|--------------------------------------|
| New Single Dwelling Construction | | | |
| Single Dwelling Alterations / Additions - Structural | | | |
| Single Dwelling Renovations - Non Structural ² | | | |
| New Duplex, Dual Occupancy, Triplex and/or Terrace (Attached) Construction per dwelling | | | |
| New Multiple Dwellings Construction (<= 3 storeys) | | | |
| Multiple Dwellings Alterations / Additions - Structural | | | |
| Multiple Dwellings Renovations - Non Structural | | | |
| Swimming Pools | | | |
| Specialist Trade Contractor Trade Area <input type="text"/> | | | |
| Total Eligibility Limit Sought | | | |

¹ If you are seeking a maximum project value over \$500,000 or undertaking Multiple Dwelling Construction, please provide evidence of your capability / experience.

² Includes kitchens, bathrooms, carports, pergolas, minor swimming pool repairs etc.

Are you seeking approval for Architect Managed Projects?* ☐ No ☐ Yes

| Breakdown of turnover for the last financial year* | 30 June |
|--|---------|
| Residential building work as Licensed Builder requiring HBCF insurance | |
| Residential building work as Licensed Builder NOT requiring HBCF insurance | |
| Commercial / Industrial / Civil work | |
| Other Income. Please detail: | |
| Total income | |

| Average construction cycle (weeks)* | |
|--|--|
| Construction lead time (i.e. period from contract signing / deposit taken to commencement on site) | |
| Construction phase (i.e. period at building site until handover to homeowner/developer) | |

Past Experience

Please provide a brief description of your three (3) largest projects over the past five years (any work type)*

| Description including site address (e.g. houses, multi-unit developments, alterations etc.) | Value of works \$ | Date completed | Your role on project |
|--|----------------------|-------------------|-------------------------|
| | | | |
| | | | |
| | | | |

Each of the following is a 'relevant person': the applicant, a partner, a director, a shareholder, a nominated supervisor, and a manager.

Section 4 - Business and Personal Background Information

1. Has any 'relevant person' associated with this application, or any business of which they were a director/partner/principal/shareholder or nominated supervisor ever had a Builder's licence refused or cancelled in any State or Territory of Australia?*

☐

No

☒

If Yes, please provide details below

2. Has any 'relevant person' associated with this application, or any business of which they were a director / partner / principal / shareholder or nominated supervisor ever been declined insurance?*

☐

No

☒

If Yes, please provide details below

3. Have there been any matters handled by the NSW Civil & Administrative Tribunal (NCAT) or any other State-based tribunal or court that resulted in orders for rectification or payment against any 'relevant person' associated with this application, or any business of which they were a director / principal / shareholder or nominated supervisor?*

☐

No

☒

If Yes, please provide details below

4. Has any 'relevant person' associated with this application been a director /partner / principal / shareholder / manager or nominated supervisor of a business at the time (or within the previous 2 years) that it was placed in external administration, liquidation, receivership or entered into any arrangement (formal or informal) to repay outstanding debts with creditors?*

☐

No

☒

If Yes, please provide details below

5. Has any 'relevant person' associated with this application been in bankruptcy or under a Trustee in bankruptcy?*

☐ No ☒ If Yes, please provide details below

6. (i) Has any 'relevant person' associated with this application been previously insured under a different business name and/or licence number in the last five (5) years?*

☐ No ☒ If Yes, please provide details of the business name and licence number

| Business name | Licence No. |
|---------------|-------------|
| | |
| | |
| | |

(ii) Have there been any claims made under policies issued for projects contracted by the above business/es?*

☐ No ☒ If Yes, please provide details of claims made

7. (i) Is any 'relevant person' associated with this application currently insured (or has previously been insured) with another provider of Home Building Compensation insurance (including a provider of an alternative indemnity product) within the past 10 years?*

☐ No ☒ If Yes please provide details of the insurer/alternative indemnity product provider and Eligibility Limits and current utilisation

| Insurer/Provider Name | Approved Eligibility/ Insurance Limits | Current Utilisation |
|-----------------------|---|------------------------|
| | | |
| | | |
| | | |

(ii) Have there been any claims made under policies issued by the above provider in respect of any 'relevant person' associated with this application?*

☐ No ☒ If Yes, please provide details of claims made

Section 5 - Statement of Assets and Liabilities (Personal)

Please complete this statement for each principal, partner and director
(attach additional copies of this page if required).*

Name

| Assets | Full Value \$ | Your % | Liabilities | Full Value \$ | Your % |
|--|---------------|--------|-------------------------|---------------|--------|
| Principal Assets at | | | Mortgage loan with | | |
| | | | | | |
| Other Assets at | | | Mortgage loan with | | |
| | | | | | |
| Other Assets at | | | Mortgage loan with | | |
| | | | | | |
| Business Premises at | | | Mortgage loan with | | |
| | | | | | |
| Other Properties / Vacant Land at | | | Mortgage loan with | | |
| | | | | | |
| | | | | | |
| Motor Vehicles | | | Vehicle finance with | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Other investments (E.g. shares, fixed interest investments) | | | Finance with | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Cash on deposit with | | | Borrowings/Credit Cards | | |
| | | | | | |
| | | | | | |


| Assets | Full Value \$ | Your % | Liabilities | Full Value \$ | Your % |
|---|---------------|--------|----------------------------------|---------------|--------|
| WIP - Spec Development (market value on completion, less cost to complete) | | | | | |
| | | | | | |
| Trade receivables | | | Trade payables | | |
| | | | | | |
| Loans and other monies owed to you | | | Personal loans/overdraft balance | | |
| | | | | | |
| Plant machinery, tools & equipment | | | Lease / finance with | | |
| | | | | | |

Proprietor/Partner/Director Declaration

I hereby certify that the above is a full and true statement of my personal assets and liabilities as at the date signed.*

Signature

Date

 Please sign the Builder Declaration on page 10 and complete the checklist on page 11

Privacy Statement

The 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 insurance, 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;
- your personal and professional relationships; and
- any other information about you, directly or indirectly relevant to the risk management undertaken by icare HBCF.

Disclosure and collection:

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 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.**

Section 7 - 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 Distributor to whom this application is provided as my/our broker for the purpose of applying for eligibility to purchase individual job specific policies for insurance with SICorp from time to time.

I/We confirm that the details on this application form (including all supporting documents) 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 Distributor 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 Distributor 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 eligibility for insurance is accepted by SICorp, or its agent on SICorp's behalf, it does not create any contract of insurance or give the right to insurance.

I/We will need to apply separately for insurance for a particular construction project.

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.

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 Proprietor/Partner/Director)*

For and on behalf of *(Entity Name)*

Signature

Date

Declared by *(Name of Proprietor/Partner/Director)*

For and on behalf of *(Entity Name)*

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.