

## HBCF Builder Eligibility/Profile Change Application for HBCF Insurance

\*Required fields are indicated by an asterisk

- This form should be completed by building and trade contractors seeking eligibility, and eligible builders and contractors who wish to change their Home Building Compensation (HBC) insurance eligibility profile under the Home Building Compensation Fund (HBCF) in NSW.
- To apply for a change to your HBCF construction profile (non-financial assessment), complete only sections 1, 3, 4 and 7. If you're applying for an increase in your open job limit or open job value, please also complete section 5.
- Ensure you complete all required sections, including the checklist on the last page, and sign the declaration, before you lodge this form with your insurance distributor (broker).
- If you need help to complete this form, please contact your insurance distributor.

HBCF accepts interstate Builders/contractors licences under Automatic Mutual Recognition (AMR). More information about AMR is available at <https://www.nsw.gov.au/business-and-economy/licences-and-credentials/automatic-mutual-recognition>

To include an attachment to this PDF document, go to:

**Tools > Edit PDF > More > Attach File**

Follow instructions on the Adobe website under "Add an attachment": <https://helpx.adobe.com/acrobat/using/links-attachments-pdfs.html>

### Section 1 - General Information

Name of Applicant Builder

*(legal name under which you contract and as shown on your Builder's licence)\**

Business address *(not PO Box Address)\**

Suburb\*

State\*

Postcode\*





Builder's licence no.\*



NSW  
licence

AMR  
*(interstate licence)*

Automatic Mutual  
Recognition (AMR)  
Reference Number

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

ACN of applicant builder  
*(if Company)\**

ABN of applicant builder,  
if held\*

Date the business started  
trading\*

Name of key contact\*

Mobile phone number

Email *(one form of contact is mandatory)\**

Business phone number

Has the builder previously contracted directly with homeowners?\*

No  Yes

Has the builder previously operated their own building business?\*

(including being a director/key manager of a building company)

No  Yes

**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.

Trust ABN

Which ABN do you trade under?

Does the applicant builder source contracts through a third party (for example, marketer, real estate agent)?\*  No  Yes

Please provide details

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

No  Yes

Name of franchise

Region/Area

Brief description of the type of work your business undertakes (for example, structural alterations, renovations, single dwellings, etc)\*

Does the applicant builder operate as part of a Business Group?\*  No  Yes

Name of the Business Group

**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.	Turnover limit \$	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 number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous building experience, including this business for the past two years**

Name of Business	Position held	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner (2) / Director (2)	Date of birth	Individual licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous building experience, including this business for the past two years**

Name of Business	Position held	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner (3) / Director (3)	Date of birth	Individual licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous building experience, including this business for the past two years**

Name of Business	Position held	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner (4) / Director (4)	Date of birth	Individual licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous building experience, including this business for the past two years**

Name of Business	Position held	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner (5) / Director (5)	Date of birth	Individual licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous building experience, including this business for the past two years**

Name of Business	Position held	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not undertaken any building activity in the last 12 months, what has been the nature of your business/employment?

### Section 3 - Building Activity

Construction Type	The maximum value of any single project (\$)
New dwelling construction	
Building work to an existing residential apartment building	
New residential apartment building construction	
Building work to an existing dwelling	
Swimming pools	
<b>Note:</b> The numbers below represent the total value and total number of projects under construction at the same time.	
<b>Total OJV and OJN</b>	
<b>Total Open Job Value</b>	
<b>Total Open Job Number</b>	

Breakdown of turnover for the last financial year	Total at 30 June
Residential building work as Licensed Builder requiring HBC insurance	
Residential building work as Licensed Builder NOT requiring HBC insurance	
Commercial, Industrial, and Civil work	
Other Income. Please detail:	
<b>Total income</b>	

Average construction cycle (weeks)	Number of weeks
Construction lead time <i>(period from when the home building compensation insurance policy is purchased to the start of work on the site)</i>	
Construction phase <i>(number of weeks at the building site until handover to the homeowner or developer)</i>	

### Past Experience

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

Description, including site address <i>(for example, houses, new residential apartment building, etc.)</i>	Value of works \$	Date completed	Your role on the project

### Section 4 - Business and Personal Background Information

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

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 been refused a builder's licence or had their builder's licence 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. Has the NSW Civil & Administrative Tribunal (NCAT) or any other State-based tribunal or court handled any matters 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 two years) that it was placed in external administration, liquidation, receivership or entered into any (formal or informal) arrangement 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

(i) Has any 'relevant person' associated with this application been insured before under a different business name and/or licence number in the last five 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

6. (i) Is any 'relevant person' associated with this application currently insured (or has been insured before) 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 Personal Assets and Liabilities (SPAL)**

Please complete this statement for each principal, partner and director.

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 (For example, 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.

## Section 6 - 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* (NSW). 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, administering and managing 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
- 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 (for example, information provided by commercial credit searches conducted by commercial credit bureaus), and 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
- any other information about you 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, including regulators, 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, and legal and other professional advisers.

### Consequences if the 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 icare Privacy team at [Privacy@icare.nsw.gov.au](mailto:Privacy@icare.nsw.gov.au). 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. Please 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 two 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.

**Note:** If you are providing your digital signature or another person’s digital signature, this is equally as binding as if it were a wet ink signature. If you are providing another person’s digital signature, you may also be incurring legal responsibility in your own right (in addition to the person you are providing a digital signature for).

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 (including the collection of my personal information from third parties) 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 have provided those other persons with the Privacy Statement, and am authorised to disclose their personal information to icare HBCF and its agents and to consent (and do consent) on that person’s behalf to the collection, use and disclosure of this and other personal information about them in accordance with the Privacy Statement (including the collection of their personal information from third parties) and in any way icare HBCF reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations.

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

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

For and on behalf of *(Entity Name)*

For and on behalf of *(Entity Name)*

Signature	Date
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Signature	Date
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

**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.

## Application Checklist

For successful lodgement, please select all appropriate boxes to indicate that you have included the details and attached documents that support your application.

- |  |   |
|--|---|
| <input type="checkbox"/> Fully completed and signed application form.  | <input type="checkbox"/> Evidence of ownership for properties shown in Section 5 (for example Current Council Rates Notice).                      |
| <input type="checkbox"/> Confirmation of Eligibility for insurance in other states or territories where building activity is being undertaken. | <input type="checkbox"/> 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:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Site address           | <input type="checkbox"/> Contract value    | <input type="checkbox"/> Estimated completion date | <input type="checkbox"/> Undrawn contract value |
| <input type="checkbox"/> Current stage of works | <input type="checkbox"/> Commencement date | <input type="checkbox"/> Name of owner             | <input type="checkbox"/> 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 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 years, the most recent not being more than 12 months old (not Assessment Notifications). *Please ensure that any tax file numbers are redacted (masked or hidden).*
- Statement of working capital supported by: Bank and credit card statements / Current debtors list / Current creditors list

### Financial evidence - Company or Trust

- Attach financial statements for the past three years (*if not provided previously*).  
*These must be full and final accounts as prepared by an accountant and signed off by a director. Final accounts must include trading statement, profit and loss sheets, balance sheet and notes for accounts. If audited, attach auditor's statement. If financials are older than twelve (12) months, also provide interim statements that are no more than six (6) months old.*
- Additional supporting evidence required to demonstrate capability/experience for requested contract limits above standard limits or for New residential apartment building or if seeking approval for Architect Managed Projects.  
*(For example, 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Display home information ( <i>if applicable</i> ) | <input type="checkbox"/> Business plan |
|--|--|

### 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

- *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 to determine appropriate eligibility profile limits, eligibility conditions, and application of pricing factors.*

## Broker Contact Details

Please return forms and all relevant documents to:

**Master Builders Insurance Services**

PO Box 162,  
Ashmore City, Queensland 4214

**email:** [warrantyassessment@mbqld.com.au](mailto:warrantyassessment@mbqld.com.au)

**phone:** 1300 13 13 24

**Master Builders Insurance Services**

A Division of Queensland Master Builders Association

ABN 96 641 989 386 AFS Licence 246834

PO Box 162, Ashmore City QLD 4214

Phone 1300 13 13 24

[warrantyassessment@mbqld.com.au](mailto:warrantyassessment@mbqld.com.au)

[masterbuilderswarranty.com.au](http://masterbuilderswarranty.com.au)

