

HBCF Project application - residential apartment building projects

(projects involving two or more dwellings on one site)

Use this form for:

- new residential apartment building projects (up to three storeys).
- building work to residential apartment buildings (for example, units, flats etc.).

Do not use this form for building work entirely within a multi-dwelling unit, that is, work that does not affect any common areas. Instead, please use the *HBCF Project Application - All work excluding residential apartment building projects* form.

Please submit the completed application form to your distributor (broker) to help you complete it.

- References in this form to Builder and building work include trade and other building contractors/work.
- You must complete all fields marked with an asterisk (*).
- HBCF recommends using the most recent version of Adobe Acrobat when viewing or completing this form.

You can also **complete this form online** in the **Builder Self Service Portal (BSSP)**. Contact your broker for details.

1. Builder details

Builder's name *(that is, 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 an HBCF claim?*

☐

Yes

☐

No

If Yes, enter the 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, we cannot issue HBC insurance cover.

Construction type* (select only one of the below construction types from A to B. This should match the one you select in Section 9. Construction Type).

☐ A - New residential apartment building construction (up to three storeys)

☐ B - Building work on residential apartment buildings

2. Owner/developer details (as per contract)*

Please **do not** enter builder details.

Owner/developer (name in full)*

ABN*

Address type*

☐ Billing ☐ Business ☐ Home ☐ 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 the contracting party?*

☐ Yes ☒ No

Please provide full details of the owner of the land

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

3. Site address

House no.*	House no. suffix	Address site name (e.g. property/estate)	
<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 you don't know the house number, 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 (DD/MM/YYYY)*
<input type="text"/>	<input type="text"/>

5. Contract details (signed and dated contract must be submitted with this form)

<input type="checkbox"/>	Standard fixed price/lump sum contract		
<input type="checkbox"/>	Speculative development including builder margin (excluding land value)		
<input type="checkbox"/>	Cost plus contract: Budget including margin	Builder's percentage margin	<input type="text"/>
<input type="checkbox"/>	Project management construction cost budget	Management fee	<input type="text"/>
Contract price (including GST)*			
<input type="text"/>			
HBCF premium allowance (incl. GST) (if included in the contract price)		Net contract price (incl. GST) (Excluding HBCF premium)	
<input type="text"/>		<input type="text"/>	
Is this an architect-tendered project and/or will it be managed by an architect/designer?*			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, name of architect/designer*		Telephone*	Builder's percentage margin*
<input type="text"/>		<input type="text"/>	<input type="text"/>

Type of apartment	Number of apartments
One bedroom	
Two bedrooms	
Three bedrooms	
Four bedrooms	
Other	
Total number of apartments	

Please provide a description of the building work to be undertaken*
(this description will appear on the Certificate of Insurance). Max 133 characters.

No of storeys*

6. Funding and progress payment details*

How will the project be funded?

☐ Progress payment by owner
 ☐ Settlement on completion

☐ Progress payment by a construction finance lender
 ☐ Other (provide details)

Funding source/name of financial institution

If funded by a financial institution, please submit a copy of the financial loan approval documents with this form.

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*

7. Staged/retail development

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

☐

Yes

☐

No

Number of stages in development

What stage does this application cover?

Are there any commercial/retail units within this development?*

☐

Yes

☐

No

If Yes, provide details including the relative value of residential and commercial work and the number of commercial/ retail units

8. Details of project consultants

Role	Name	ABN	Contact details*
Planners			
Design architects			
Supervising architects			
Quantity surveyors			
Structural engineers			
Mechanical engineers			
Lift consultants			
Air-conditioning consultants			
Fire service consultants			
Principal certifying authority			

9. Construction type

Select only one of the construction types below: A or B). This must match the construction type you selected at the end of Section 1. Builder Details.

A - New residential apartment building construction (up to three storeys)

Existing buildings*

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/developer?*

☐

Yes

☐

No

If yes, please provide details

Estimated value

Building number	Number of storeys (you can only enter up to three storeys in height)					
1	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
3	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
4	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
5	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
6	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3

If more than six buildings, please list them on a separate document and submit it with this form.

Does the developer own the land?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of dwellings to be retained by developer*	<input type="text"/>
Intention to strata/community title*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sale off the plan?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of above-ground parking levels*	<input type="text"/>		Number of basement/underground parking levels*	<input type="text"/>
Number of commercial/retail storeys*	<input type="text"/>		Number of detached garages*	<input type="text"/>
Shared Community facilities/buildings For example, gymnasium, meeting/dining rooms, etc.)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Landscaping*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driveway/parking area*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shared access roads*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paving*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swimming pool*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shared easements (for example, for services)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Services*				
Air conditioning*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Central heating*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elevator/escalator, etc.*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other mechanical services*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solar panels*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

B - Building work on Residential apartment buildings

Number of buildings covered by this application?*

Number of above-ground parking levels*

Number of basement/underground parking levels*

Number of commercial storeys*

Type of work to be undertaken:

Ballustrades*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Concrete spalling/scaling repairs*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Detached garage(s)*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Driveway/paving/parking area*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Facade, balcony repairs*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fencing - masonry*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fencing (other than masonry)*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fire safety compliance*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Landscaping (structural)*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	New rooftop or basement swimming pool*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pergolas*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Replacement of cladding*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Retaining wall*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Roofing replacement/repairs*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Solar panel installation*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Swimming pool alterations/repairs*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Underpinning/piering*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Waterproofing - external*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Waterproofing - internal*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Other	<input type="text"/>			

Single trade work projects involving:

Air conditioning/heating*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Bricklaying*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Carpentry*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Draining*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electrical wiring/repairs*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Gasfitting*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
General concreting*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Glazing*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Joinery*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Painting and decorating*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Plastering - dry*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Plastering - wet*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Roof plumbing (including metal roofing)*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Roof slating/tiling*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sanitary plumbing*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Stonemasonry*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Wall and floor tiling*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Water plumbing*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other	<input type="text"/>								

10. Privacy statement

NSW Self Insurance Corporation (SICorp) is a statutory corporation constituted under the *NSW Self Insurance Corporation Act 2004* (NSW). It 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* (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 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, 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.

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, 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 you don't provide information

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 icare Privacy team at 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 – lodge the form with your Insurance Distributor.

11. 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.

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 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 have provided those other persons with the Privacy Statement, and I 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 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 (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 Authorised Officer 1*		Declared by Authorised Officer 2	
<input type="text"/>		<input type="text"/>	
Signature	Date (DD/MM/YYYY)	Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capacity/Position		Capacity/Position	
<input type="text"/>		<input 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.

Payment details

Paying by Credit Card: We accept MasterCard and Visa Cards only. **We will call to obtain payment details at the time of processing your policy.** Please provide contact details below;

Contact Name

Contact Phone Number

Paying by Direct Deposit into Master Builders Insurance Services bank account:
BSB: 084 004 Account: 495 327 856 and attach receipt to your Application Form

Select **'Send'** to email the completed form to Master Builders Insurance Services. *You **MUST** sign with an electronic signature, before submitting the form.*

Select **'Save'** to save the form for later review before sending the completed form to Master Builders Insurance Services

Select **'Print'** to print and sign before sending the completed form to Master Builders Insurance Services

Master Builders Insurance Services

PO Box 162, Ashmore City QLD 4214
Phone 1300 1313 24

warrantyinsurance@mbqlld.com.au
masterbuilderswarranty.com.au

