

## Builder Application for Automated Scorecard Review of HBC Insurance Eligibility

\*Required fields are indicated by an asterisk

- This form should be completed by building and trade contractors who are seeking eligibility for less than \$5million open job value (OJV) under the auto-assessment model for insurance under the Home Building Compensation Fund (HBCF) in NSW.
- This form can also be completed by any builder or contractor who icare HBCF has approved eligibility under the auto assessment model.
- This form is to be completed ONLY when undergoing an assessment under the auto-assessment eligibility model. For a full financial review or manual assessment, please complete our [Builder Eligibility/Profile Change Application Form](#).
- If you need help to complete this form, please contact your insurance distributor.

### Section 1 - General information

Name of Applicant Builder *(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.\*

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\*

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?

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 of licence/Name of entity	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 no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Previous building experience, including this business for 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 no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Previous building experience, including this business for 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 no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Previous building experience, including this business for 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 no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Previous building experience, including this business for 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 no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Previous building experience, including this business for 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"/>

## Section 3 - Building Activity

Construction Type	The maximum value of any single project (\$)¹
New dwelling construction	
Building work to an existing dwelling	
New residential apartment building construction	
Building work to an existing residential apartment building	
Swimming Pools	
	<b>Total OJV and OJN</b>
<b>Total Open Job Value</b>	
<b>Total Open Job Number</b>	

For more information about profile and OJN and OJV limits, builder size classifications, and Construction Types please refer to the HBCF Eligibility Manual, section 10, Builder size classification.

1 If you have requested non-standard profile values, you may be ineligible for auto assessment.

## 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 had a builder's licence refused or cancelled in any Australian state or territory?\*

No  Yes. 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  Yes. 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  Yes. 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 past 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  Yes. 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  Yes. If Yes, please provide details below

6. (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  Yes. 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  Yes. If Yes, please provide details of claims made.

7. (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  Yes. 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  Yes. If Yes, please provide details of claims made

## Section 5 - Builder Self-Service Portal

The Builder Self-Service Portal (BSSP) is a browser-based application where builders can: submit and view project applications, view current certificates of insurance, close completed jobs, access their certificate of eligibility, view builder construction profile and a summary of current projects (open job limits), access the HBCF claims quoting system to quote on jobs arising from claims, and manage participation in the Building Contract Review program (BCRP).

**Note:** BSSP registration is mandatory for Builders who must participate in the BCRP as a condition of eligibility. icare HBCF will decline a builder's Project Application if the builder is in the BCRP but has not registered in the BSSP. For further details about eligibility, please refer to the HBCF Eligibility Manual, contact your distributor, or contact icare HBCF.

Register for Builder Self-Service Portal (BSSP) access?

No

Yes

## Section 6 - Privacy Statement

The NSW Self Insurance Corporation (SICorp) is a statutory corporation constituted under the *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, 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, 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. Please lodge the form with your distributor.

**DO NOT send this form to the above address.**



## 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).

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

For and on behalf of *(Entity Name)*

Signature

Date

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 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)*

For and on behalf of *(Entity Name)*

Signature

Date

**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.

## Broker Contact Details

Please return forms and all relevant documents to:

**Master Builders Insurance Services**

PO Box 162,  
Ashmore City, QLD 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)

