

Builder Eligibility/Automatic Scorecard Review for HBCF Insurance

*Required fields are indicated by an asterisk

- This form should be completed by building and trade contractors who are seeking eligibility for less than \$12 million 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.

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>

Section 1 - General information

Name of Applicant Builder *(the 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*

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 | |
| | Total OJV and OJN |
| Total Open Job Value | |
| Total Open Job Number | |

For more information about profile and OJN and OJV limits, builder size classifications, and Construction Types please refer to the HBCF Eligibility Manual, 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 - HBCF Portal

The HBCF Portal is a browser-based application where builders can: submit and view project applications, view current certificates of insurance, amend, close and cancel 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.

Register for HBCF Portal access?

No

Yes

Section 6 - Privacy Statement

NSW Self Insurance Corporation (SICorp) is a statutory corporation created 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 (NSW). Insurance and Care NSW (icare) provides the services and facilities of the SICorp under the State Insurance and Care Governance Act 2015 (NSW) (SICG Act). For the purposes of this Privacy Statement, SICorp and icare together are icare HBCF.

icare HBCF is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (PPIP Act) and provides the following information to you in relation to your personal information.

Purpose of collection, storage and use

Personal information is 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.

icare HBCF, including through its agents, contractors and associated entities, collects, stores and uses personal information 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; and
- investigating, managing, and processing claims made under the HBCF Insurance.

icare HBCF and its agents, contractors and associated entities, collect and hold personal information in connection with the purposes listed above, through this application and also from other State or Federal government bodies, scheme agents, insurance agents, loss assessors, claims investigators, reinsurers, insurance companies, insurance brokers, 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), legal and other professional advisers or any other third party with relevant information.

Disclosure

icare HBCF (or its agents, contractors and associated entities) 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, scheme agents, 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 and/or any other relevant third party.

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. 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. Your privacy-related queries can be directed to the following: Postal: icare HBCF, GPO Box 4052, Sydney NSW 2001 Email: privacy@icare.nsw.gov.au

The above address is provided in accordance with the PPIPA Act. Do not send this form to the above address.

Section 7 - Builder Declaration*

This declaration must be signed by the builder for this application or 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 you and/or 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 acknowledge that making a statement or giving information which is inadequate, misleading, or false in the course of this application is a serious offence and I/we or the builder(s) may be guilty of an offence and/or liable to icare HBCF.
- 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) to the best of my/our knowledge.
- If any of the information disclosed in this application alters or materially changes (including, for example, any adjustments or variations to the contract such as contract price or the building work/value, I/we undertake to notify icare HBCF immediately.
- I/We acknowledge and agree that the builder will be responsible and liable to icare HBCF for all premium payments (including any additional or revised premiums in relation to any variation(s)) in accordance with icare HBCF's premium methodology and requirements determined by icare HBCF from time to time including, but not limited to icare HBCF's Eligibility Manual. I/We also acknowledge and agree that if I am/we are acting on behalf of the builder, I/we may also be incurring legal responsibility in my/our own right (if applicable).
- 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 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 this 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 HBCF Builder Privacy Statement (below).
- I/We authorise icare HBCF to provide to the homeowner(s) and or developer(s) identified on this application form (or its authorised representative) a copy of this form, the building contract which is the subject of this form and any HBCF Certificate of Insurance issued for the project which is the subject of this application where icare HBCF considers it reasonably appropriate or necessary to do so and having regard to third party privacy rights.

Consents

For personal applicants

I consent to icare HBCF and its agents, contractors and/or associated entities collecting, using, storing and disclosing my personal information in accordance with the HBCF Builder Privacy Statement or if it is reasonably necessary for, or directly related or incidental to 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 their personal information to icare HBCF and its agents, contractors and/or associated entities and to consent (and do consent) on that person's behalf to collection, use, storage and disclosure of this and other personal information about them in accordance with the HBCF Builder Privacy Statement or if it is reasonably necessary for, or directly related or incidental to the purpose of meeting its statutory and contractual obligations (including the collection of their personal information from third parties).

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

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.