

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.

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

*(that is, 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*

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 no.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Partner (2) / Director (2)

Date of birth

Individual licence no.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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Partner (3) / Director (3)

Date of birth

Individual licence no.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Partner (4) / Director (4)

Date of birth

Individual licence no.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Partner (5) / Director (5)

Date of birth

Individual licence no.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you have not undertaken any building activity in the last 12 months, what has been the nature of your business/employment?

<input type="text"/>

Section 3 - Building Activity

Please provide details about the proposed projects in NSW that will be open (under construction) at any time.*

Construction Type	The maximum value of any single project (\$)*
H01 - New dwelling construction	
H02 - Building work to an existing residential apartment building	
H03 - New residential apartment building construction	
H04 - Building work to an existing dwelling	
H05 - Swimming Pools	
Note: The numbers below represent the total value and total number of projects under construction at the same time.	
	Total OJV and OJN
Total Open Job Value	
Total Open Job Number	

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:	
Total income	

Average construction cycle (weeks)	Number of weeks
Construction lead time <i>(that is, the period from when the contract was signed or the deposit was taken, to the start of work on the site)</i>	
Construction phase <i>(that is, the 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, multi-unit developments, alterations, 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 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 (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 - 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 7 - 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 8 - 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

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.

Application Checklist

For successful lodgement, please ensure that you select all appropriate boxes to indicate that you have included the details and attached supporting documents in the 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 (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). *Please ensure that any tax file numbers are redacted.*
- Statement of working capital (required where accounts are more than three (3) months old) 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 (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 audited, attach auditor's statement. 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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Display home information | <input type="checkbox"/> Business plan | <input type="checkbox"/> 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

- *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.*