

**Use this form for:**

- H02 - Building Work to an Existing Residential Apartment Building
- H03 - New Residential Apartment Building Construction

**References in this form to Builder and building work include trade and other building contractors/ work.**

**Options to complete this form:**

- Either directly on the **HBCF Portal**, using your HBCF user ID or
- With your **Distributor/ Service Provider**. Contact them for more information.

If required, download Adobe Reader for free at <https://get.adobe.com/reader/>

\* Required fields are indicated by an asterisk

## 1. Builder details

Builder's name (the legal name under which the builder contracts and as shown on the builder's licence) \*

ABN \*

Licence number \*

Licence expiry date (DD/MM/YYYY) \*

**Builder's address (not a PO Box address)\***

House No. \*

House No. suffix

Unit No.

Building name

Street name \*

Suburb/Town \*

State \*

Postcode \*

Telephone

Mobile \*

Email \*

Does the builder's licence cover all work being contracted and included in this application? \*

Yes

No

**Note:** Visit NSW Fair Trading's website at [www.fairtrading.nsw.gov.au](http://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.

# 1. Builder details (continued)

Is this project application arising from an HBCF Claim? \*

Yes       No

If yes, provide the Claim number \*

# 2. Contract details

Builder's Project No. (Optional)

Construction details. Please provide a description of the building work to be undertaken. (This will appear on your Certificate of Insurance)

Construction type (select **only one** of the below Construction types from A or B)\*

## A – H02: Building work to an Existing Residential apartment building

Is this a Class 2 building?

Yes       No

**Note:** Class 2 buildings are usually multi-storey, multi-unit apartment buildings where people live above or below each other. Class 2 may also be a single storey attached dwelling where there is a common space below such as a carpark or basement.

If yes, does the project include common areas? \*

Yes       No

Is there an intention that this dwelling will be part of a strata or community title development? \*

Yes       No

Number of storeys \*

Total number of dwellings \*

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

Yes       No

If yes, please provide brief details \*

Number of stages in development \*

What stage does this application cover? \*

## 2. Contract details (continued)

### B – H04: Building work to an existing dwelling (includes single and multi-dwelling)

Is this a Class 2 building?

Yes No

**Note:** Class 2 buildings are usually multi-storey, multi-unit apartment buildings where people live above or below each other. Class 2 may also be a single storey attached dwelling where there is a common space below such as a carpark or basement.

Number of storeys \*

Total number of dwellings \*

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

Yes  No

If yes, please provide brief details \*

Number of stages in development \*

What stage does this application cover? \*

### 2.1 Homeowner/developer details (as per the contract)

Full name (legal name) \*

ABN (optional)

#### Homeowner/developer's address (not a PO Box address)\*

House No. \* House No. suffix Unit No. Building name

Street name \*

Suburb/Town \*

State \*

Postcode \*

Address type \*

Billing Business Home Other

Contact number \*

Email \*

Is this a speculative project? \*

Yes  No

**Note:** A speculative project is when the homeowner and the builder are exactly the same (e.g. work by the builder on behalf of a director, family member etc. is not a speculative project).

Is the owner of the land the contracting party? \*

Yes  No

Please provide full details of the owner of the land \*

## 2. Contract details (continued)

Is there any relationship (other than family) between the owner/developer and the Builder? \*



Yes

No

Please select the related party interests \*

Joint Ventures

Common director

Land ownership

Shareholders

### 2.2 Site details

Is the site address the same as the homeowner/developer's address?\*

Yes



No

**Site address (not a PO Box address)\***

House No. \*

House No. suffix

Unit No.

Building name

Street name \*

Suburb/Town \*

State \*

Postcode \*

If you don't know the house number, complete the following\*

Lot No. \*

Plan type (deposited plan, strata plan, unregistered)\*

Plan No. \*

Section No.

### 2.3 Contract type and dates (signed and dated contract must be submitted with this form)

Contract signed date (DD/MM/YYYY) \*   Estimated start date (DD/MM/YYYY) \*   Estimated completion date (DD/MM/YYYY) \*

Contract type \* (select **only one** of the following)

Standard fixed price/ lump sum contract

Speculative development including builder margin (excluding land value)

Cost plus contract: Budget including margin —————> Builder percentage margin \*

Project management construction cost budget —————> Management fee \*

Contract price (excluding premium)\*

Is this an architect tendered project and/ or will be managed by an architect/ designer? \*



Yes

No

If yes, please provide name of the architect/designer \*

Architect/designer's number \*

Architect's percentage margin\*

## Builders/Authorised Officers to sign this Declaration \*

I/We declare that the above information is true and correct. \*

**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).

### Authorised Officer 1

Declared by Authorised Officer 1

Capacity/Position

Signature of Contact Person

Date of Signature (DD/MM/YYYY)

### Authorised Officer 2

Declared by Authorised Officer 2

Capacity/Position

Signature of Contact Person

Date of Signature (DD/MM/YYYY)

**Note:** Section 103EA <https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-1989-147#sec.103EA> of the Home Building Act 1989 (NSW) provides that it is an offence to make a false or misleading statement in connection with an application for insurance.

Section 307B <https://legislation.nsw.gov.au/view/html/inforce/current/act-1900-040#sec.307B> of the Crimes Act 1900 (NSW) provides that it is an offence to give information knowing it is false or misleading.

Giving false or misleading information is a serious offence and may be punishable by a penalty of up to 2 years imprisonment or \$22,000, or both.

## Builder/ Authorised Representative 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.

# HBCF Builder 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](mailto: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.