

Use this form for:

- Projects completed as per the contract;
- Contract not to completion stage;
- Dispute with homeowner/ developer;
- Early termination of contract; or
- Final payment in dispute

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) *

Licence number *

Telephone

Mobile *

Email *

2. Homeowner / developer details

Name/s *

Business phone

Mobile *

Email *

3. HBCF Policy, contract price and end date

HBCF Policy No.

Final contract amount (inc variations)

Completed/End date (DD/MM/YYYY)

Project completion state (Select **only one** of the following)

Project completed as the contract

Contract not to completion stage

Dispute with homeowner/ developer

Early termination of contract

Final payment in dispute

4. Site details as shown on the Certificate of Insurance (COI)

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.

5. Current street address (if different to above)

Often for construction work in new developments, the address of the site will only be known by a lot and plan number. On completion, the street address may be known. A correct site address is important to order to be able to identify a property on the online icare HBCF Certificate Register

Current street 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.

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

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

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.