


*Required fields are indicated by an asterisk

- Use this form for 'New Multiple Dwelling Projects (< = 3 storeys)' and 'Structural Alterations & Additions' and 'Non-structural Renovations' to a multiple dwelling building (e.g. Units, Flats etc.).
- For all non-multiple dwelling projects including Duplex, Dual Occupancy, Triplex and or Terrace (Attached) Construction, please complete the "All Work Excluding Multiple Dwelling Projects" application form.
- References in this form to Builder and Building work include trade and other building contractors/ work.
- Please submit the completed application to your distributor (broker) who can also provide assistance in completing the form.

Builder Details				
Builder's Name (i.e. the legal name under which you contract and as shown on your Builder's Licence)*			ABN*	
Licence No.*	Licence Expiry Date*		Registered Business Name	
Business Address (Not PO Box Address)*			Suburb:	State
				Postcode:
Email of Key Contact (this is the preferred form of contact)			Business Phone No.	Mobile No. of Key Contact
Is this Project Application arising from icare hbcf claim?* No <input type="checkbox"/> Yes <input type="checkbox"/>			If yes enter Claim No.	
Does your builder's Licence cover all work being contracted and included in this application?*			Visit NSW Fair Trading's website at 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, HBCF insurance cover is unable to be issued.	
Construction Type* (select only ONE of the below construction types from A to C. This should match the one selected on pages 3 to 5)				
A - New Multiple Dwelling Construction (< = 3 storeys)		C - Multiple Dwellings Renovations (Non Structural)		
B - Multiple Dwellings Alterations/Additions - Structural				
Owner/ Developer Details (as per contract)				
Owner/ Developer (Name in Full) *			ABN	
Address*		Suburb*	State*	Postcode*
Address Type*	Billing	Home	Business	Other
Email of Key Contact (this is the preferred form of contact) *		Business Phone No.	Mobile No. of Key Contact *	
Is it a speculative project?* (a project that the Builder carries out for themselves on land that they own) No <input type="checkbox"/> Yes <input type="checkbox"/>				
Is there any relationship between the Owner/ Developer/ Builder?*		If yes please provide full details of any related party interests (eg: family members, joint ventures/ land ownership, common director/ shareholders etc.)		
No <input type="checkbox"/> Yes <input type="checkbox"/>				

Site Address				
House No*	House No. Suffix	Address Site Name (Eg: Property/ Estate)		Building Name
Street Name/ Type*			Suburb*	State* Postcode*
If House Number NOT known, complete the following*				
Lot No.*	Plan No.*	Plan Type*	Section No.	
Contract Details				
Builder's Project Number	Estimated Start Date*	Estimated Completion Date*	Date Contract Signed* (Actual/Proposed)	
Contract Type *				
Standard Fixed Price/ Lump Sum Contract		Speculative Development including Builder Margin (excluding land value)		
Cost Plus Contract: Budget including margin		Project Management construction cost Budget		
Builder's Percentage Margin		Management Fee		
Contract Price*	Is this an Architect tendered project and/ or will it be managed by an Architect/ Designer? No <input checked="" type="checkbox"/> Yes			
If yes, name of Architect/ Designer*		Telephone No.*	Builder's Margin*	
Construction Type*				
Number of units that are*				
	Number*			
One Bedroom				
Two Bedrooms				
Three Bedrooms				
Four Bedrooms				
Other				
Total Number of Units				
Please provide a description of the construction to be undertaken*				No. of Storeys*
Funding and Progress Payment Details*				
How will the project be funded?				
Progress Payment by owner		Progress Payment by Construction Finance Lender		
Settlement on completion		Other (provide details)		
Funding Source/ Name of Financial Institution			If by a financial institution, please provide a copy of the financial loan approval documents 	
Are your progress payments consistent with your Industry Association's guidelines?*		If no please provide details*		
▶ No Yes				
Can you confirm that your scheduled progress payments do not exceed the value of work performed and the materials supplied under the contract to that stage?*			If no please provide details*	
▶ No Yes				

Staged/ Retail Development

Is this a stage of a larger development on the same site?*		No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please provide brief details
Number of stages in development	What stage does this application cover?	Are there any commercial/ retail units within this development?*	
		No <input type="checkbox"/> Yes <input type="checkbox"/>	

Details of Project Consultants

	Name*	ABN*	Contact Details*
Planners			
Design Architects			
Supervising Architects			
Quantity Surveyors			
Structural Engineers			
Mechanical Engineers			
Lift Consultants			
Air-Conditioning Consultants			
Fire Service Consultants			
Principal Certifying Authority			

Existing Buildings*

What existing buildings are to be retained on the site?	What development work is required for these buildings?	Estimated value of restoration/ renovation of existing buildings
Are there any items of work to be completed or supplied by the owner?*	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes please provide details*
		Estimated value

Construction Type


Select ONLY ONE of the below construction types (A - C). This MUST match the Construction Type selected.

A - New Multiple Dwelling Construction (< = 3 storeys)


Building Number	Number of Storeys (you can only enter up to three storeys in height)
1	
2	
3	

No. of above ground parking levels*		No. of commercial/ retail storeys*	
No. of basement/ underground parking levels*		No of Detached garages *	
		No. of dwellings to be retained by developer*	
Community facilities* (e.g. gymnasium, dining room, etc)	Swimming Pool/s*	Landscaping*	Driveway*
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Paving*	Does developer own the land?*	Intention to Strata/ Community Title*	Sale off the Plan*
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Services									
Air Conditioning*		Central Heating*		Solar Panels*		Elevator/ Escalator etc.*		Other Mechanical Services*	
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

B - Multiple Dwelling Alterations/ Additions - Structural									
Number of buildings covered by this application 1 2 3 4 or more					 Attach a separate page if more than three buildings need to be listed.				
1 2 3 No. of above ground parking levels* No. of commercial/ retail storeys*					1 2 3 No. of basement/ underground parking levels*				

Type of work to be undertaken									
Concrete Spalling/ Scaling repairs*		Detached Garages*		Driveway/ Parking Areas*		Facade Repairs*		Fire Safety Compliance*	
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Masonry Fencing*		Retaining Wall*		Roofing Repairs*		Solar Panels*		Structural Landscaping*	
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Swimming Pool/ Spa (structural/ alteration)*				Underpinning/ Piering*		Waterproofing*		Other	
No	Yes			No	Yes	No	Yes		

C - Multiple Dwelling Renovations - Non Structural									
Number of buildings covered by this application 1 2 3 4 or more					 Attach a separate page if more than three buildings need to be listed.				
1 2 3 No. of above ground parking levels* No. of commercial/ retail storeys*					1 2 3 No. of basement/ underground parking levels*				

Type of work to be undertaken											
Driveway/ Paving/ Parking Area*		Fencing*		Minor Swimming Pool Repairs*		Pergolas*		Replacement of Roof Coverings*		Timber Decks*	
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

Trade Work Involving									
Bricklaying/ Stonemasonry*		Carpentry/ Joinery*		General Concreting*		Glazing*			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Painting/ Decorating*		Roof Plumbing (inc Metal Roofing)*		Roof Slating/ Tiling*		Wall and Floor Tiling*			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Plastering - Dry*		Plastering/ Wet*		Plumbing/ Draining*		Gasfitting*			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Electrical Wiring/ Repairs*		Air Conditioning/ Heating*		Fire Protection Services*		Other			
No	Yes	No	Yes	No	Yes				

Privacy Statement

NSW Self Insurance Corporation (SICorp) is a statutory corporation constituted under the NSW 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. 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 HBCF, 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, 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, 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; and
- your personal and professional relationships;
- any other information about you, directly or indirectly relevant to the risk management undertaken by **icare hbcf**.

Disclosure:

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, 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, legal and other professional advisers.

Consequences if 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 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 by contacting the Privacy Contact Officer of your insurance agent, through whom you or your distributor have sought insurance, and to whom your information has been provided as our agent.

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*. DO NOT send this form to the above address – lodge the form with your Insurance Distributor.

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Disclosure

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, your distributor, our 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.

Consequences if 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 the icare 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 Privacy Contact Officer of your insurance agent, through whom you or your distributor have sought insurance, and to whom your information has been provided as our agent. 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.

Declared by (Name of Authorised Officer)*		Declared by (Name of Authorised Officer)	
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.

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