



- This form is to be completed by Building and Trade Contractors who are seeking eligibility for insurance under the Home Building Compensation Fund (HBCF) in NSW.
- For applications to change a Builder's eligibility profile, complete only sections 1, 3, and 7, as well as section 5 if applying for increase in open job limit or value.
- Ensure all required sections are completed, including the checklist on the last page, and the declaration is signed prior to lodgement with your insurance Distributor (Broker).
- For assistance in completing the form, please contact your insurance Distributor.

## Section 1 - General Information

**Name of Applicant Builder** (i.e 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**\*

## 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. **Attach a copy of the Trust Deed.** [🔗](#)

Trust ABN

Which ABN do you trade under?

Does the applicant Builder source contracts through a third party (Eg: marketer, real estate agent)?\*

No

▶ Yes

Please provide details

Does the applicant Builder operate or intend to operate as a franchise?\*

If yes, attach a copy of the Franchise Agreement. [🔗](#)

No

▶ Yes

Name of Franchise

Region/Area

Brief description of the type of work your business undertakes (e.g. structural alterations, renovations, single dwellings, etc.)

Does the applicant Builder operate as part of a Business Group?

No

▶ Yes

Name of the Business Group

Are the accounts/financial statements of the applicant builder to be externally audited?

No

▶ Yes

Does the applicant builder hold eligibility in another State(s)?

No

▶ Yes

T/O Limit

State

Do any other members of the Business Group hold eligibility in other States?

No

▶ Yes

Please provide details

Name of Entity

Turnover Limit

Issuing State



## Section 3 - Building Activity

Please provide the below details as to proposed projects in NSW to be open (under construction) at any time.

Type of Project	Value of projects under construction*	No. of projects under construction*	Maximum value of any one project <sup>1</sup>
New Single Dwelling Construction			
Single Dwelling Alterations / Additions - Structural			
Single Dwelling Renovations - Non Structural <sup>2</sup>			
New Duplex, Dual Occupancy, Triplex and/or Terrace (Attached) Construction			
New Multiple Dwellings Construction (<= 3 storeys)			
Multiple Dwellings Alterations / Additions - Structural			
Multiple Dwellings Renovations - Non Structural			
Swimming Pools			
Specialist Trade Contractor			
Other (Multi-Dwellings only)			
Other (Excl. Multi-Dwellings)			
Total Eligibility Limit Sought			

<sup>1</sup> If you are seeking a maximum project value over \$500,000 or undertaking Multiple Dwelling Construction, please provide evidence of your capability / experience.

<sup>2</sup> Includes kitchens, bathrooms, carports, pergolas, minor swimming pool repairs etc.

Are you seeking approval for Architect Managed Projects?      No       Yes

## Breakdown of turnover for the last financial year

30 June

Residential building work as Licensed Builder requiring HBCF insurance  
Residential building work as Licensed Builder NOT requiring HBCF insurance  
Commercial / Industrial / Civil work  
Other Income. Please detail:  
Total income

## Average construction cycle (weeks):

Construction lead time (i.e. period from contract signing / deposit taken to commencement on site)

Construction phase (i.e. period at building site until handover to homeowner/developer)

## Past Experience:

Please provide a brief description of your three (3) largest projects over the past five years (any work type)

Description including site address (e.g. houses, multi-unit developments, alterations etc.)	Value of works	Date completed	Your role on project
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## Section 4 - Business and Personal Background Information

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 State or Territory of Australia?

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. Have there been any matters handled by the NSW Civil & Administrative Tribunal (NCAT) or any other State-based tribunal or court 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 previous 2 years) that it was placed in external administration, liquidation, receivership or entered into any arrangement (formal or informal) 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 previously insured under a different business name and/or licence number in the last five (5) 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.

Each of the following is a 'relevant person': the applicant, a partner, a director, a shareholder, a nominated supervisor, and a manager.

## 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 residence at			Mortgage loan with		
Other Residence at			Mortgage loan with		
Other Residence 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 (E.g. shares, fixed interest investments)			Finance with		
Cash on deposit with			Borrowings/Credit Cards		
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 6 and complete the checklist on page 7*

## Privacy Statement

The 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 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, 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;
- your personal and professional relationships; and
- any other information about you, directly or indirectly relevant to the risk management undertaken by **icare hbcf**.

**Disclosure and collection:**

**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 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.

**Section 7 - Builder Declaration**

This declaration is to be executed either by the sole business proprietor/all business partners in a partnership/sole director if a sole director company/at least 2 directors of the company for other companies.

I/We declare that by completing this application and making this declaration, I/we appoint the Distributor to whom this application is provided as my/our broker for the purpose of applying for eligibility to purchase individual job specific policies for insurance with SICorp from time to time.

I/We confirm that the details on this application form are true and represent a fair and accurate representation of the affair(s) of the applicant(s). If any of the information disclosed in this application alters or materially changes, I/we will notify our Distributor immediately.

I/We believe that the applicant is currently solvent and in its capacity can meet all of its financial obligations as and when they fall due.

I/We acknowledge that SICorp, or its agent, may seek additional information from me/us or our Distributor as required from time to time.

I/We acknowledge that SICorp, or its agent, reserves the right to reject this application.

I/We acknowledge that if our application for eligibility for insurance is accepted by SICorp, or its agent on SICorp's behalf, it does not create any contract of insurance or give the right to insurance. I/We will need to apply separately for insurance for a particular construction project.

I/We have read and understood the Privacy Statement section in this application.

**For personal applicants**

I consent to **icare hbcf** and its agents collecting, using and disclosing my personal information in accordance with the Privacy Statement and in any way it reasonably considers necessary or appropriate for 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 this information to SICorp and its agents and to consent (and do consent) on that person's behalf to collection, use and disclosure of this and other personal information about them in accordance with the Privacy Statement.

**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

Please ensure all appropriate boxes are selected to indicate that you have included the details and attached supporting documents to the application for successful lodgement.

Fully completed and signed application form.

Evidence of ownership for properties shown in Section 5 (e.g. Current Council Rates Notice).

Confirmation of Eligibility for insurance in other States/Territories where building activity is being undertaken.

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:

Site address	Contract value	Estimated completion date	Undrawn contract value
Current stage of works	Commencement date	Name of owner	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).

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:

Display home information

Business plan

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.