

Builder Eligibility/Profile Change Application

Insurance under the Home Building Compensation Fund (HBCF)

- ▷ This form is to be completed by Builders/Contractors who are seeking Eligibility for Insurance under the HBCF in NSW.
- ▷ For applications to change a Builder's Eligibility profile only sections 1, 3, 5 (if applying for increase in open job limit or value), and 7 need to be completed.
- ▷ Please ensure all required sections are completed (including the checklist on the last page) and the declaration is signed prior to lodgement with your insurance broker.
- ▷ The information provided in this form will be the basis on which an assessment is undertaken in order to determine appropriate eligibility profile limits and conditions.
- ▷ For assistance in completing the form, please contact your insurance broker.
- ▷ References in this form to 'Builder' and 'building work' include other trade and building contractors/building work.

Section 1 - General Information

Name of Applicant Builder (i.e the legal name under which you contract and as shown on the NSW Builder's licence)

Business Address (not PO Box Address)	Suburb	State	Postcode
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

NSW Builder's Licence No.	Licence expiry date	Name of Industry Association (if you hold membership)
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Registered Business Name/Trading Name

ACN of Applicant Builder (if Company)	ABN of Applicant Builder, if held	Date the Business started trading
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Business Structure

Select type of business structure : Sole Trader Partnership Company

Does the applicant Builder operate as a Trustee of a Trust? Yes No ▶ If Yes, enter name of the Trust

<input style="width: 100%; height: 25px;" type="text"/>	Attach a copy of the Trust Deed
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Trust ABN	Which ABN do you trade under?	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	

Do you source your contracts through third party (Eg: marketing agent, real estate agent)? Please provide details.

Do you hold eligibility in another State(s)?	Yes	No	T/O Limit	\$	<input style="width: 100%; height: 25px;" type="text"/>	State/Territory	<input style="width: 100%; height: 25px;" type="text"/>
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Brief description of the type of work your business undertakes (e.g. structural, alterations, renovations, single dwellings, etc.)

Name of key contact	Business Phone No.	Mobile No.
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Email address of key contact	Facsimile No.
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

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.	Issuing State	Year Issued

Provide details of each proprietor/partner/director of this business. Please attach additional copies of this page if required:

Proprietor / Partner (1) / Director (1)	Date of Birth	Individual Licence No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Previous building experience, including this business for past two (2) years

Business	Position Held	From	To
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Business	Position Held	From	To
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Partner (2) / Director (2)	Date of Birth	Individual Licence No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Previous building experience, including this business for past two (2) years

Business	Position Held	From	To
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Business	Position Held	From	To
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Partner (3) / Director (3)	Date of Birth	Individual Licence No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Previous building experience, including this business for past two (2) years

Business	Position Held	From	To
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Business	Position Held	From	To
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

If no building activity was undertaken for the last 12 months, what has been the nature of your business/employment?

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*
New Single Dwelling Construction	\$		\$
Single Dwelling Alterations / Additions - Structural	\$		\$
Single Dwelling Renovations - Non Structural **	\$		\$
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	\$		\$
Other (Excluding Multiple Dwellings)	\$		\$
Other (Multiple Dwellings only)	\$		\$
Specialist Trade Contractor <input type="text"/>	\$		\$
Total Eligibility Limit Sought	\$		

* If you are seeking a maximum job value over \$500,000 or Multiple Dwelling Construction, please ensure you provide evidence of capability to support your application.

** Includes bathrooms, carports, pergolas, minor swimming pool repairs etc.

Breakdown of turnover for the last financial year (enter year)

Domestic work as Licensed Builder requiring insurance under the HBCF	\$
Domestic work as Licensed Builder NOT requiring insurance under the HBCF	\$
Commercial / Industrial / Civil work	\$
Other Income	\$
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)

Please provide a brief description of your three 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
	\$		
	\$		
	\$		

Are you seeking approval for Architect Managed Projects? Yes No

Section 4 - Business and Personal Background Information

1. Have you or any business of which you 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?

Yes No ► If Yes, please provide details below

2. Have you or any business of which you were a director /partner / principal / shareholder or nominated supervisor ever been declined insurance?

Yes No ► 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 you or any business of which you were a director / principal / shareholder or nominated supervisor?

Yes No ► If Yes, please provide details below

4. Have you been a director /partner / principal / shareholder / manager or nominated supervisor of a business which was in external administration, liquidation, receivership or any arrangement (formal or informal) to repay outstanding debts with creditors?

Yes No ► If Yes, please provide details below

5. Have you or any director /partner / principal / shareholder or nominated supervisor of the applicant builder been in bankruptcy or under a Trustee in bankruptcy?

Yes No ► If Yes, please provide details below

- 6 (i) Have you or any director / partner / shareholder or nominated supervisor of the applicant builder been previously insured under a different business name and/or licence number in the last five (5) years?

Yes No ► If Yes, please provide details of the business name and licence number.

Business Name

Licence No.

Business Name

Licence No.

- (ii) Have there been any claims made under policies issued for projects contracted by the above business/es?

Yes 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	Value (your ownership proportion only)	Liabilities	Value (your ownership proportion only)
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

Section 6 - 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 for residential building work done in New South Wales that requires such insurance under the *Home Building Act 1989* (NSW).

SICorp 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

SICorp, through its agents, collects and holds personal information (an opinion or information 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 building insurance under the HBCF in relation to building work requiring such insurance, including:

- evaluating your application;
- providing, administering and managing the insurance services following acceptance of an application; and
- investigating, and if covered, managing and processing claims made in relation to any insurance you have applied for with us.

SICorp 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, our insurance agents, loss assessors, claims investigators, re-insurers, insurance companies, mailing houses, claims reference providers, trade credit reference sources, financial assessors, other service providers, legal and other professional advisers.

Examples of personal information collected include:

- your insurance claim history;
- your credit history;
- your financial status and history; and
- your corporate directorship history.

Disclosure

SICorp 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, re-insurers, 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 your application for eligibility, administer any policy or manage any claim under the policy.

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 intermediary 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.

NSW Self Insurance Corporation, PO Box A2615, Sydney South, NSW 1235

DO NOT send this form to the above address – lodge the form with your insurance broker. This address is provided in accordance with the *Privacy and Personal Information Protection Act 1998*.

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 intermediary 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 intermediary 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 intermediary 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 SICorp and its agents collecting, using and disclosing my personal information in accordance with the Privacy Statement.

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)

Signature

For and on behalf of (Entity Name)

Date

Declaration by (name of Proprietor/Partner/Director)

Signature

For and on Behalf of (Entity Name)

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 under the Home Building Compensation Fund, 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.

Please complete the checklist on the next page

Application Checklist

Please ensure all appropriate boxes are ticked to indicate that you included the details and 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	Commencement date	Undrawn contract value
Current stage of works	Estimated completion date	Cost to complete
Contract value	Name of owner	

Copy of Trust Deed for applicants operating as a Trustee.

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 creditors list
- Current debtors 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 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

Select 'Submit Form' and **enter broker email address** to email the completed form to your Broker.

The form MUST be signed with an *Electronic* signature, before submitting.

Select 'Print Form' to print and sign before sending the completed form to your insurance Broker.