



# Project Application Form

## All work other than Multiple Dwelling Projects

- This application is to be completed by Builders & Contractors who are seeking a **job specific certificate** for home warranty insurance for **all projects other than multiple dwellings projects**.
- Multiple dwelling project involves two or more dwellings on one site, including a duplex.
- If the project is a multiple dwelling project, please complete the “Project Application Form - Multiple Dwellings”.
- For any assistance in completing this form, please contact your Insurance Broker.
- Please ensure; all sections are completed, payment method is specified and the declaration on page 5 is signed, prior to lodgement with your Insurance Broker.
- Reference in this form to ‘builder’ and ‘building work’ include trade and other building contractors work.

### Section 1 - Builder Information

Builder’s Name (i.e the legal name under which you contract and as shown on the Builder’s Licence)

Licence Number

Licence Expiry Date

Industry Association/s if you hold current membership

Registered Business Name

ABN

Business Address (Not PO Box Address)

Suburb

State

Postcode

Name of Key Contact

Business Phone No.

Mobile No. of Key Contact

Email Address of Key Contact

Are you entitled to claim an Input Tax Credit on the premium?

No

Yes



If Yes, how much (100% or other)?

### Section 2 - Homeowner Details (as per contract)

Homeowner 1 - Name in Full

Homeowner 2 - Name in Full

Postal Address

Suburb

State

Postcode

Telephone No.

Mobile No.

Email

Is there any relationship between the homeowner and the builder?

No

Yes



If Yes, please provide full details of any related party interests e.g. family members, joint ventures/ land ownership etc.

### Section 3 - Building Site Details

Unit No.	Lot No.	Street No.	Street Name
<input type="text"/>	<input type="text"/>	or <input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Name of the Local Council
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the Principal Certifying Authority (PCA)	Development Application/Complying Development Certificate No.		
<input type="text"/>	<input type="text"/>		

### Section 4 - Construction Type

<input type="checkbox"/> New Single Dwelling	<input type="checkbox"/> Alteration/Addition (Structural)	<input type="checkbox"/> Other - Specify
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Relocatable Homes	<input type="text"/>
<input type="checkbox"/> Renovation/Improvements - Non-structural (includes Kitchen, Bathroom, Carports, Pergolas etc)		

#### Project Description

No of storeys: One  Two  Three

Square Meters in Living Area  Square Meters in Garage/Carport/Verandah

### Section 5 - Contract Details

Builder's Project Reference No.	<input type="text"/>	
Estimated Commencement Date	Estimated Completion Date	Actual or Estimated Date Contract to be Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Contract Price Inclusive of GST (choose only one box)

<input type="checkbox"/> Standard Fixed Price/Lump Sum Contract	<input type="checkbox"/> Speculative Home: incl Builder Margin (excl land value)	
<input type="text"/>	<input type="text"/>	
OR	<input type="checkbox"/> Cost Plus Contract: Budget including Margin	<input type="checkbox"/> Percentage Margin (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>
OR	<input type="checkbox"/> Project Management - Construction Cost Budget	<input type="checkbox"/> Management Fee (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Will this project be managed by an Architect/Designer? No  Yes  ► If Yes, please provide details

Name of Architect/Designer	Architect/Designer phone No.	Margin as calculated for the quote
<input type="text"/>	<input type="text"/>	<input type="text"/>

**(If an Architect/Designer is engaged, homeowners MUST complete the 'Owner Tender Statement Form' and forward separately to the Builder's Insurance Broker direct).**

Are there any items of work to be completed or goods supplied by other owners? No  Yes  ▶

If Yes, please provide details below:

Estimated Cost

## Section 6 - Funding and Progress Payment Details

How will the project be funded?

- |  |  |
|--|--|
| <input type="checkbox"/> Progress payments by Owner                      | <input type="checkbox"/> Settlement on Completion      |
| <input type="checkbox"/> Progress Payment by Construction Finance Lender | <input type="checkbox"/> Other (Provide details below) |

Are your progress payments consistent with the Industry Association that you are a Member of?

Yes  No  ▶ If No, please provide details below:

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?

Yes  No  ▶ If No, please provide details below:

## Section 7 - 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 home warranty insurance for 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 (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 building home warranty insurance (insurance) in relation to building work requiring such insurance, including:

- evaluating your application
- providing, administering and managing the insurance services for/along acceptable 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, reinsurers, 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, 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 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 8 - 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 home warranty 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 home warranty insurance is accepted by SICorp, or its agent on SICorp'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 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 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 home warranty insurance, 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.**

## Section 9 - Payment Method

▶ Paying by Credit Card:  Master Card  Visa

- We accept Master and Visa cards only.
- Please enter your credit card details in the section below.
- Ensure you pay the total amount including the credit card surcharge as per your premium chart.
- Premium will only be accepted for individual invoices and must be made in full.
- Any changes or corrections must be authorised by the cardholder's signature.

Amount

Card Number

CCV No

Expiry Date

Name of the card holder (as shown on the card)

Signature

▶ Paying by Cheque: Please ensure your cheque payment is made payable to your nominated Broker and is attached to your Application Form.