



Project Application Form

Multiple Dwelling Projects Only

- This application is to be completed by Builders & Contractors who are seeking **job specific certificates** for home warranty insurance for **Multiple Dwelling Projects**.
- Multiple dwelling consists two or more dwellings on one site, including a duplex.
- This form is also to be used for **alterations and additions** to a **multi-unit project**.
- 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 No.

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/Developer 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 owner 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 - Contract Details

Builder's Project Reference No.

Estimated Commencement Date Estimated Completion Date Actual or Estimated Date Contract to be Signed

Contract Price Inclusive of GST (choose only one box)

Standard Fixed Price/Lump Sum Contract OR Speculative Home: incl Builder Margin (excl land value)

OR Cost Plus Contract: Budget including Margin Percentage Margin (%) Date Contract Signed

Funding source name/Financial Institution (please provide a copy of the financial loan approval document)

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

Name of Architect/Designer Architect/Designer Telephone No. Margin, as calculated for the quote

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

Section 4 - Construction Type

Your response to this section will determine the number of certificates required and the unit number identification of each certificate.

No of Units that are:	No.	Average Cost Per Unit	Comments
Units with One bedroom			
Units with Two Bedrooms			
Units with Three Bedrooms			
Units with Four Bedrooms			
Units with Five Bedrooms			
Total No of Units			

Project Description (e.g. townhouses, villas, high-rise alterations/additions etc.)

No of Storeys No of Basement/Carpark Levels

How will the units be numbered when offered for sale?

(i.e what is the numbering system required for the respective certificates sought.) ► to

Building Site Address

Strata Plan No and Unit No. Lot No. or Street No. Street Name

Suburb State Postcode Name of the Local Council

What will be the address once the project completed?

Street No/Name Suburb State Postcode

Section 4 - Construction Type Cont'd

Is this a stage of a larger development on the same site? No Yes ►

If **Yes**, please provide brief details:

Are there any commercial/retail units within this development? No Yes ►

If **Yes**, please provide details including relative value of residential and commercial work

Provide details below of all external consultants used on the project

	Name	Contact Details
Planner:	<input type="text"/>	<input type="text"/>
Design Architects:	<input type="text"/>	<input type="text"/>
Supervising Architects:	<input type="text"/>	<input type="text"/>
Quantity Surveyors:	<input type="text"/>	<input type="text"/>
Structural Engineers:	<input type="text"/>	<input type="text"/>
Mechanical Engineers:	<input type="text"/>	<input type="text"/>
Lift Consultants:	<input type="text"/>	<input type="text"/>
Air-conditioning Consultants:	<input type="text"/>	<input type="text"/>
Fire Service Consultants:	<input type="text"/>	<input type="text"/>
Principal Certifying Authority	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

What existing buildings are to be retained on the site?

What development work is required for these buildings?

What is the estimated value of restoration/renovation of existing buildings?

Are there any items of work to be completed or supplied by the homeowner/Developer? No Yes ►

If **Yes**, please provide details:

Estimated Value

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 following 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

- Please note we accept Master and Visa cards only.
- 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.
- Please enter your credit card details in the section below.

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.