

Building Contract Review Program Request for Quotation

- This form should be completed where a builder requires a quotation to participate in the Building Contract Review Program (BCRP) in order to comply with their conditions of Eligibility for obtaining HBCF Insurance in NSW for contracts for \$50,000 or more.
- The completed form should be lodged with a BCRP Service Provider.
- The BCRP Service Provider will contact the builder direct regarding their request for quotation.

1. Builder details

Name of applicant (*i.e the legal name under which you contract and as shown on your builder's licence*)

Builder's licence no.

Business telephone no.

Email address of key contact

2. Eligibility details

Builder's scheme agent

Broker name

Broker email

Broker telephone no.

Broker contact name

Broker reference no.

3. Site details

Unit no.

Lot no.

Street no.

Street name

Suburb

State

Postcode

Attach a copy of the completed 'Project Application form' for the job.

You can download a copy of the form from the HBCF website at www.icare.nsw.gov.au

Please return this form to admin@shac.com.au once completed.

SHAC Doc Ref: Quality \ Forms \ A605.07 Rev 1 BCRP Quotation Form

4. Privacy statement

NSW Self Insurance Corporation (**SICorp**) is a statutory corporation constituted under the NSW Self Insurance Corporation Act 2004 (NSW) and [amongst other things] provides insurance under Part 6 of the Home Building Act 1989 (**HBCF Insurance**). Insurance and Care NSW (**icare**) provides the services and facilities of 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 (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).

Purpose of Collection Storage and Use

icare HBCF, through its agents, contractors and associated entities, collects, stores and uses personal information for the purposes of providing and dealing with HBCF Insurance, including (without limitation):

- evaluating application(s);
- dealing with builders' eligibility to obtain HBCF Insurance;
- managing the risks associated with HBCF Insurance;
- providing, administering and managing insurance-related services following acceptance of an application; and
- promotional and/or marketing activities;
- investigating, managing and processing claims made under the HBCF Insurance.
- undertaking analytics, insights, machine learning or any activity of that nature (which may involve combining icare HBCF data with other datasets); and
- any purposes in connection with the provision of services and facilities by icare under section 10 of the State Insurance and Care Governance Act 2015.

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, insurance brokers, data partners, current and former homeowners, insurance agents, loss assessors, claims investigators, reinsurers, insurance companies, mailing houses, claims reference providers, trade credit reference sources, financial assessors, providers under the Building Contract Review Program (**BCRP**), other service providers, legal and other professional advisers or any other third party with relevant information.

Examples of personal information collected include (without limitation):

- personal details (e.g. name, address, profession, contact details);
- insurance claim history;
- credit history, corporate history, financial status and personal history;
- personal and professional relationships;
- any other information about a person, directly or indirectly relevant to the risk management, claims management and operations 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, insurance brokers, data partners, current and former homeowners, insurance agents, loss assessors, claims investigators, reinsurers, insurance companies, mailing houses, claims reference providers, trade credit reference sources, financial assessors, providers under the BCRP, 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 (or the BCRP service provider) may be unable to deal with your eligibility, any application, or to deal with any claim under the HBCF Insurance. If the information is not provided, icare HBCF (or the BCRP service provider) can 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 icare Privacy Officer. 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. For access and complaints (not to lodge this application), please contact icare Privacy Officer, GPO Box 4052 Sydney NSW 2001.

5. Builder Declaration and Consents for BCRP Service Provider Quotation

This declaration and consent must be signed by someone with absolute authority to do so.

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

I/We acknowledge that icare HBCF, or its agent, may seek additional information from me/us, our broker or any third party as required from time to time.

I/We acknowledge that this application will be provided to and dealt with by one or more providers under the BCRP.

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

For personal applicants

I consent to icare HBCF and its agents (including the BCRP service provider) collecting, storing, 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 icare HBCF and its agents and to consent (and do consent) on that person's behalf to collection, storage, use and disclosure of this and other personal information about them in accordance with the Privacy Statement and in any way icare HBCF reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations.

Sharing of Information

In particular, I acknowledge that the BCRP service provider has an obligation as part of the services provided to icare HBCF under the BCRP to provide information in relation to any BCRP Agreement and any builder to icare HBCF directly or through its Scheme Agents and/or their brokers.

I/we authorise the BCRP service provider to make available to icare HBCF directly or through its scheme agents and/or their brokers information obtained as part of the services plus any other information concerning me/us including any information provided by me to the BCRP service provider and any information relating to my financial position or my performance under the BCRP.

I/we also consent to icare HBCF having the same right to collect, store, use and disclose my business information for the same purposes as set out for personal information in the Privacy Statement above.

Declared by (Name of Authorised Officer - 1)

Signature

Date

Declared by (Name of Authorised Officer - 2)

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 insurance under the HBCF, 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 omits 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.