

# building contract review program (bcrp)

# **Request for Quotation form**

- 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.

### **Section 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 Number** 

Business Telephone No. Email Address of Key Contact

## Section 2 - Eligibility Details

Builder's Scheme Agent Broker Name Broker Email

Broker Telephone No. Broker Contact Name Broker Reference No.

#### **Section 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.hbcf.nsw.gov.au

#### **Section 4 - 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 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 notification and/or claim;
- managing the risks associated with HBCF Insurance;
- providing, administering and managing insurance related services following acceptance of your claim form;
- investigating, and if covered, managing and processing claims made by you in relation to any policies of insurance by us; and
- seeking recovery of any amounts paid by icare hbcf under any policies of insurance.

icare hbcf and its agents, contractors and associated entities, collect and hold personal information in connection

with the purpose listed above, through this form and also from other State or Federal government bodies, scheme 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 or any other third party with relevant information.

Examples of personal information include (without limitation):

- your claim history;
- your personal circumstances;
- · your business and financial history and status;
- your personal and professional relationships;
- information about the property the subject of the claim.

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, contractors and associated entities) 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, our scheme agents, loss assessors, claims investigators, re-insurers, insurance companies, mailing houses, claims reference providers, other service providers, legal and other professional advisers or any other third party with relevant information.

#### 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 act upon the notification of a loss or to deal with any claim under the HBCF Insurance. If the information is not provided, icare hbcf reserves the right to refuse to deal with any loss notification 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 our Scheme Agent, as stated on your Certificate of Insurance. 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 the relevant Scheme Agent listed below.

# **Section 5 - Builder Declaration for BCRP Service Provider Quotation**

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 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 Broker immediately.

I/We acknowledge that SICorp, or its agent, including the BCRP Service Provider, may seek additional information from me/us or our Broker as required from time to time.

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

#### For personal applicants

I consent to SICorp and its agents including the BCRP Service Provider, 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.

#### **Sharing of Information**

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

I/we authorise the BCRP service provider to make available to SICorp 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 acknowledge that SICorp has the right to disclose such information for purposes relating to the operation of insurance under the HBCF and the management of the Home Building Compensation Fund and expressly authorise the BCRP Service Provider, SICorp or its agents to provide to and share with NSW Government parties, including other agency personnel, Ministers and Parliament any information relating to me/us.

**Declared by (Name of Authorised Officer - 1)** 

Declared by (Name of Authorised Officer - 2)

Signature

Date (dd/mm/yyyy) Signature

Date (dd/mm/yyyy)

\*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.