

Workers compensation new business quote request

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



For the States of Western Australia, ACT, Northern Territory and Tasmania. Pursuant to the Workers Compensation legislation in force in the State or Territory for which this cover is proposed. Return completed form to: **Western Australia**, GPO Box N1116, Perth WA 6843; **ACT**, PO Box 1008, Civic Square 2608; **Northern Territory**, GPO Box 1659, Darwin NT 0800; **Tasmania**, GPO Box 1352, Hobart 7001

Requested by			Date	/	/
Intermediary or employer name					
Telephone	()	Fax	()		

The proposed insurance

Insured name					
Trading as (if applicable)					
ACN				ABN	
Premises where trade or business is carried out				State	Postcode
Postal address				State	Postcode
Telephone	()	Fax	()	Contact	
Nature of trade of business					
Website					
Estimated wages/employee numbers for ensuing period	Wages			Employee numbers	
Inception date	/	/			

Do you employ any Section 457 Visas and/or overseas seasonal workers? Yes No

Is this a new venture? Yes No

Claims and wages history (5 years)

Claims history to be provided on underwriters letterhead

Year	Wages	Claim number.	Paid	Outstanding