

# Workers compensation insurance proposal form

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 the proposal to QBE Insurance (Australia) Limited via email: [workerscompunderwriting@qbe.com](mailto:workerscompunderwriting@qbe.com)  
Phone: 1300 758 493

## Office use only

Policy number		Account	
ANZSIC	Client number	Intermediary name and ID	

## The proposer/s

Full name of employer <i>(including any trade name or subsidiary companies, if any)</i>				Work Cover No. (WCN) <i>(WA only)</i>			
	Telephone ( )		Fax ( )	Email			
Tax status	Registered business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN		Taxable	%
Postal address				State		Postcode	
Period of insurance	From		/	/	to		/
Full description of business or trade <i>(attach applicable brochures)</i>							

Location of business premises <i>(if more than one location, please specify)</i>			
	State		Postcode
	State		Postcode

## General information

Please answer 'Yes' or 'No' to the following questions in relation to your business:

Pre-employment medicals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Induction program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee training program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Schedule for plant/machinery maintenance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documented safe work procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alternative duties documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any charges been laid for breaches of OH&S legislation in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you employ any Section 457 Visas and/or overseas seasonal workers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any employees likely to work overseas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', which country?	<input type="text"/>	

## Contractors/subcontractors

(a) Do you expect to contract out any of the work in connection with the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) If the answer to (a) is 'Yes', will you satisfy yourself that contractors/subcontractors are insured for workers compensation by obtaining letters of indemnity from them and their insurer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Alternatively, do you wish to include such indemnity in the insurance now proposed? If 'Yes', please complete the following in respect of the proposed period of insurance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of contractor/subcontractor and nature of work	Estimated amount for the proposed period of insurance			
	Labour only \$	Labour and plant \$	Labour and materials \$	Labour, plant and materials \$

**Note:** States legislation may make you jointly and severally liable for a disability to workers of contractors and subcontractors.

## Details of wages/claims

Estimate of wages (as per State definition)

All	\$
Other (specify)	\$
Contractors/subcontractors	\$
Directors and relatives	\$
Employee numbers	

**Note:** Wages' means ALL amounts paid including overtime, bonuses, commission and allowances. Please refer to the legislation in your jurisdiction for a complete definition.

Details of wages/claims over last 5 years.

Policy year	Employee numbers	Actual wages paid	Number of claims	Total claim amounts paid	Total claim amounts outstanding

**Note:** If there is insufficient space for any of the answers, continue on a separate piece of paper, sign and attach to this proposal form.

## Directors and relatives

Please list all employed members of an employer's family residing in the employer's dwelling. List all directors of the employer and remuneration.

**Note:** Any such persons not included in this Schedule are not insured.\*

Name in full	Age	Relationship	Occupation	Estimated wages \$	Value of keep and other allowances \$

\*For Tasmania, a person may be included under this Policy if they are not listed on this Schedule providing they meet the definition of a 'worker' under the legislation.

## Details of previous insurer

Have all outstanding premium payments been finalised with your previous insurer?

Yes  No

Has any insurer permitted withdrawal of or declined any insurance?

Yes  No

Has any insurer cancelled or refused to renew a Policy?

Yes  No

If 'Yes', which insurer, what reasons were given?

Name of previous insurer	Policy number	Due date
Last Year		/ /
One Year Ago		/ /
Two Years Ago		/ /
Three Years Ago		/ /
Four Years Ago		/ /

## Privacy

We're committed to safeguarding the privacy of personal information under Australian workers' compensation and privacy laws.

Our privacy policy (read at [qbe.com.au/privacy](http://qbe.com.au/privacy)) explains how we use personal information to quote, sell and manage insurance cover and other services. It explains how to access or correct personal information (limits apply) and our complaints process. We usually need personal information to provide our services.

Personal information includes health information. To provide our services, we may share personal information with people and organisations, like doctors, other QBE Group companies, our representatives and service providers. Personal information may be sent and stored outside Australia, e.g. in the Philippines.

If you give us someone's personal information you confirm you've obtained their consent. We may collect personal information without its owner knowing, e.g. assessing a claim.

Privacy question? Ask your QBE representative or call 133 723. 'We' means QBE Insurance (Australia) Ltd.

## Declaration and signature

I/we acknowledge that the information given is accurate and complete and that I/we have complied with the obligation imposed by law concerning disclosure of information.

I/we agree that this proposal shall, subject to the terms and conditions of the Policy, be the basis of the contract.

Signed  Date  /  /

Name *(please print)*  Position