

# Western Australia Employers' Indemnity Proposal

I/We hereby request Allianz Australia Insurance Limited to issue me/us in respect of the business, trade, work or occupation described whether carried on at the situation set out hereunder or elsewhere a Policy indemnifying me/us against my/our legal liability to pay to or in respect of any "worker" within the meaning of the Workers' Compensation and Injury Management Act, 1981 (a) Compensation under the Workers' Compensation and Injury Management Act, 1981, for a disability within the meaning of such Act and (b) Damages at Common Law and under the Fatal Accidents Act, 1959, the Law Reform (Miscellaneous Provisions) Act 1941, and the Law Reform (Contributing Negligence and Tortfeasors Contribution) Act, 1947, for a disability sustained by any such worker who is in my/our direct employment arising out of or in the course of his employment with me/us in the business or occupation to which this proposal relates. The limits at Common Law and Territorial limits are more particularly described in the Employers' Indemnity Policy.

## Office Use Only

Agent/Broker Name			
Policy Number	WWH	Agent Number	
Cover Note Number		Client Number	
Effective Date		Rep. Code	
Expiry Date			at 4.00pm
Time of Request			
Date of Request			

## Employer Details PLEASE PRINT IN BLOCK LETTERS

1	Australian Company Number (if applicable)				
	WorkCover Number (WCN)				
	Please state:	<input type="checkbox"/> Proprietary Limited Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader	
ZN	Legal Entity/Name				
ZN	Trading Name (if applicable)				
2	Postal Address				
		Postcode			
	Name of Principal of Company				
	Telephone Number (Business)				<b>Office Use Only</b> A.S.I.C. Code
BU	Main Business or Industrial Activity				<input type="text"/>
3	Address(es) where Business activity(ies) is(are) carried on				
SR					
		Postcode			
SR					
		Postcode			
	Are you registered for GST?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	ABN Number				
	To what extent are you entitled to claim an Input Tax Credit on your insurance premiums?				%

## Employer Details Continued

4 Do you have any employees engaged otherwise than in connection with the above? Yes  No  If Yes, state:

How and Where engaged,

With which Company are they insured?

5 State the total amount of wages allowed by you to workers in your direct service during the preceding twelve months?

\$

6 Have you had a previous Workers' Compensation Policy? Yes  No  If so, state Policy Number

Name of Insurance Company

Due Date

7 In respect of your liability as an employer, has any insurer declined to grant or renew your insurance cover? Yes  No

If yes, state reason

8 Will any Acids, Gases, Chemicals, Explosives, Radioactive substances or hazardous materials be used or stored? Yes  No

If so, in what quantities?

9 Will machinery or motive power be used? Yes  No

10 Do you require the provisions of the Workers' Compensation and Injury Management Act to extend to any members of your family employed by you and residing in your house and those members to be included in this Insurance? Yes  No

**If so, their names, employment and estimated wages must be disclosed in Schedule A Section B on the opposite page.**

Section 175 of the Act makes you jointly and severally liable for disability to workers of contractors and sub-contractors.

11 Do you expect to let contracts or sub-contracts for any part of the work of your trade or business? Yes  No

If so, Do you undertake to satisfy yourself on every occasion that the contractor or sub-contractor is insured against his full liability under the Workers' Compensation and Injury Management Act? Yes  No

**If you do, you must produce a certificate of indemnity from the contractor's or sub-contractor's insurer. Failing this, you are required to complete Section C on the opposite page.**

All Statements, replies and particulars must be made fully and in writing by the Employer. Questions not answered will be deemed to be answered in the negative. If this proposal in any particular is filled in by any person other than the Employer such person shall be deemed the Agent of the Employer and not of the Insurer.

**This Proposal must be completed and returned to the Company not later than 28 days after the issue of the Cover Note.**

**It is essential to complete the Schedule Opposite**

# This page must be completed

Have you engaged any employees in Western Australia who are likely to perform work elsewhere in Australia or overseas?

Yes  No

If Yes, name the State or Territory of Australia and/or overseas country and number of employees:

## Schedule A

**Schedule of Estimated Wages** to be paid to my employees coming within the provisions of the Workers' Compensation and Injury Management Act 1981, for the period stated on face hereof (excluding members of the employer's family dwelling in his house and company directors for whom see Section "B" below).

### A. Ordinary Employees

Class of Employee	Number of Employees	Type of work to be Performed	Gross salaries/ Wages
Clerical Staff			\$
Travellers			\$
All Others General			\$
			\$
			\$
			\$
			\$
			\$

It is now optional to insure Directors for workers' compensation under the Act (Refer explanation on Page 4). To ensure you cover directors for workers' compensation benefits, **Details of such Directors must be disclosed in Section B.**

### B. Family Members or Working Directors (See explanation on Page 4)

Full Name	Relationship to Employer	Occupation	Total Remuneration
			\$
			\$
			\$
			\$

### C. Working Contractors and Sub-Contractors (See explanation on Page 5)

Type of Contract Work being performed	Approximate Number of Contract Workers	Estimated Total Value of each Contract	Code* (see below)
		\$	
		\$	
		\$	

\* Please indicate in this column the appropriate code as described below:

Labour Only	L.O.	Labour, Plant & Material	L.P.M.
Labour & Material	L.M.	Labour & Plant	L.P.

### Office Use Only

Tariff Number	Rate %	Premium
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Tariff Number	Rate %	Premium
		\$
		\$
		\$
		\$

Tariff Number	Rate %	Premium
		\$
		\$
		\$

<b>Total Premium</b>	\$
<b>Stamp Duty</b>	\$
<b>GST %</b>	\$
<b>Amount Payable</b>	\$

DETACH PROPOSAL ALONG PERFORATION. COMPLETE IT AND RETURN IT TO US OR YOUR INSURANCE ADVISOR.

# Compulsory Insurance.

*Every employer must take out and keep in force an insurance policy for the full amount of his liability to pay compensation under the Workers' Compensation and Injury Management Act 1981, to any worker employed by him including any increase in amount occurring during currency of the policy.*

As you prepare to arrange the cover required we request you take the time to carefully read through the following explanatory notes before completing this Proposal Form. This information sheet is provided as a guide only and the Employers' Indemnity Policy should be read carefully for its full terms and effect.

## 1. Salaries, Wages or Other Remuneration

You are required to show on our proposal form the aggregate amount of wages, salaries, or other remuneration which you estimate will be paid to all workers. The figure you show must be the absolute gross salary, wage or remuneration (before income tax) and must include:

- Commissions
- Bonuses
- Overtime
- Allowances
- Directors' fees
- Other benefits

whether at piece work rates or otherwise and whether paid in cash or kind but **excludes:**

- 'Termination payments, retirement pay, retrenchment pay in lieu of notice, superannuation payment, pensions, "golden handshakes" and weekly payments of compensation under the Act'.

## 2. Family Members or Working Directors

Any member of an employer's family living in the employer's house **will not be insured** unless the name of the person, type of employment and the estimated

remuneration is shown separately under Section B of the proposal form.

In the case of Working Directors of a company, it is now optional for a Working Directors company to cover their directors for Workers Compensation.

In accordance with the Workers Compensation & Injury Management Act 1981, a 'working director' is now defined as 'a director of a company who executes work for or on behalf of the company, and whose earnings as a director of the company by whatever means, are in substance for personal manual labour or services.

Please remember to notify us immediately of any new additions to your list of family members or Directors.

## 3. Working Contractors and Sub-Contractors

Contractors and sub-contractors who have been engaged by you for the purpose of your trade or business under a contract for service (i.e. not direct employees) and whose remuneration by whatever means is in substance a return for their manual labour or services, are considered to be your "workers" under the Workers' Compensation and Injury Management Act. Although the policy will cover your liability under the Workers' Compensation and Injury Management Act please note **no cover** is provided for claims made against you under Common Law. Please show details of the total remuneration paid to such contractors or sub-contractors under Section C of the proposal.

## 4. Employees of Contractors and Sub-Contractors

The Workers' Compensation and Injury Management Act 1981 makes you jointly and severally liable for injury to the workers of any of your contractors or sub-contractors. It is therefore important that you satisfy yourself that all contractors and sub-contractors have insurance covering their own workers. If you have any concern about this matter or you see a need to cover the employees of contractors or sub-contractors would you please discuss the matter with us, or your Insurance Broker.

## 5. Employees Living Outside W.A.

If you engage an employee in Western Australia to perform work in another State or Territory, then such employee will be entitled to compensation in accordance with and subject to the limitations contained in Section 20 of the [Workers' Compensation and Injury Management Act \(1981\)](#). Details of the nature of the engagement and term of service outside [Western Australia](#) are required to determine eligibility in accordance with Section 20 of the Act. It should be noted that the common law and statutory liability extension to the Employers' Indemnity Policy has no application in respect of claims for injury or death to employees that occurred outside [Australia](#).

## 6. Limit of Indemnity

The policy has a limit in respect of claims made against you under Common Law limited to \$50 million any one person or number of persons arising out of the one event.

## 7. Renewal Procedure

The premium for this insurance is based on an estimate and is therefore adjustable at the end of each period of insurance.

At that time a Declaration will be sent for you to supply us with the wages actually paid in the previous period. Depending on whether they are more or less than the estimate you originally provided, we will make a charge for additional premium or allow a return of premium accordingly.

A Renewal Request form will also be sent to allow you to estimate the wages you expect to pay in the next insurance period.

The premium due for this period will then be charged on the basis of your estimate, subject to the adjustment at the end of the period.

## Declaration

I/We hereby declare and warrant that all the statements together with particulars supplied in this Proposal are true; that I/We have not suppressed, misrepresented, or mis-stated any material fact; that I/We have fairly estimated my/our expenditure for wages (as defined) during the period of insurance proposed.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Employer \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

