



EMPLOYER'S INDEMNITY PROPOSAL AUSTRALIAN CAPITAL TERRITORY GENERAL

I/We hereby request CGU Workers Compensation to issue to me/us in respect of the business, trade, work or occupation described below, a Policy indemnifying me/us against my/our legal liability to pay Compensation under the "Workers' Compensation Act 1951" as amended and/or damages at Common Law for personal injury or fatal accident.

Agent/broker name			Time of request	
<input style="width: 95%;" type="text"/>			am/pm	
Policy no.	Cover note no.	Effective date	Date of request	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	/ /	/ /	
	Client no.	Expiry date at 4.00 pm	Rep.code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	/ /	<input style="width: 95%;" type="text"/>	

Employer details *(Please print in block letters)*

1. Australian business number *(if applicable)*

Please state: Proprietary Limited Co. Partnership Sole Trader Trust Other

Are you registered or required to be registered for GST purposes?

No Yes Please provide us the entitlement to Input Tax Credit %

Legal entity/name

Trading name *(if applicable)*

2. Postal address

Employer's Primary Address

Suburb	State	Postcode	Suburb	State	Postcode

Name of principal of company

Telephone no. *(business)*

Facsimile no.

Main business or industrial activity

Office Use Only

ANZSIC Code

3. All address(es) where business activity/ies is/are carried on *(If insufficient space, please attach a separate sheet.)*

Worksite Name	Street
Suburb	State Postcode

4. Do you have any employees engaged otherwise than in connection with the above?

No Yes If Yes, please 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?
 No Yes If Yes, please state:
 Policy no. 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?
 No Yes If Yes, please state reason:
8. Will any acids, gases, chemicals, explosives, radioactive substances or hazardous materials be used or stored?
 No Yes If Yes, in what quantity:
9. Will machinery or motive power be used?
 No Yes
10. Do you require the provisions of the ACT Workers' Compensation Act 1951 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?
 No Yes If Yes, their names, employment and estimated wages must be disclosed in Schedule B overleaf.
11. Do you expect to let contracts or sub-contracts for any part of the work of your trade or business?
 No Yes If Yes:
 Do you undertake to satisfy yourself on every occasion that the contractor or sub-contractor is insured against his full liability under the ACT Workers' Compensation Act 1951?
(Failing this, you are required to complete Schedule C overleaf to protect your liability.)
 No Yes
12. Have you at the present time, any worker, who to your knowledge, is suffering from an injury sustained in the course of employment?
 No Yes

Note: 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.

IMPORTANT:

Do you have any employees who are likely to perform work in another State or Territory of Australia or overseas?
 No Yes If Yes, advise State or Territory and advise amount of wages calculated on a time spent basis.
 \$

Note: You will have to arrange separate cover for any such employee. You should contact your Broker or CGU Workers Compensation for assistance.

Schedule

Schedule of Estimated Wages to be paid to my employees coming within the provisions of the ACT Workers' Compensation Act 1951 for the period stated on the face hereof (excluding members of the employer's family for whom see Schedule "B" below).

Please include all Wages of Working Directors of proprietary companies.

"Wages" includes Gross Salaries, all payments for holidays, overtime, sick pay, bonuses, commissions, meal and board and lodging allowance, and any other form of remuneration paid or allowed to workers.

"Actual Wages" means all gross wages, salaries, and other forms of remuneration paid or allowed to "workers" **including** - shift and meal allowances, penalty loadings, overtime, commission and bonuses, leave payments including sick, annual and long service leave, payments made upon the termination of employment (whether or not such payments were required to be made pursuant to the contract of employment), payment of superannuation contributions, school fees, lease payments on motor vehicles leased in the name of employees, health insurance and other payments required to be made as part of the worker's salary package, workers' compensation and make-up pay, payments (net of expenses) to 'deemed' workers. **Actual Wages does not include** payments of directors' fees (unless the Articles of Association makes such directors

employees of the company), and payments to casual employees not employed for the purpose of your trade or business, provided particulars of such employees are disclosed to the insurer in writing prior to the period of indemnity.

"Contractor's Wages" and/or remuneration paid to or on behalf of any contractor (or any other person whom the employer does not consider to be an employee) in respect of any contract of service shall be declared; the employer shall obtain Workers' Compensation Certificates of Currency in respect of all such contractors or other persons for all relevant periods during the currency of this policy; the wages or remuneration of any such contractor or other person not providing Certificate(s) of Currency shall be included in the employer's actual wage roll for purposes of adjustment of the actual premium.

"Family" - Relatives or members of Employers' family **LIVING WITH YOU** and employed under a definite contract of service must be named separately.

"Directors" - The names and type of work performed by each working company director **MUST** be specified. Full wages (as defined) must be declared.

Note: Wages may be subject to audit on declaration at expiry.

A. Ordinary employees

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Class of employee	No. of employees	Gross salaries/wages	ANZSIC no.	Rate%	Premium\$
Clerical staff employed solely indoors		\$			
Commercial travellers		\$			
Working directors		\$			
Others (specify)		\$			
		\$			

B. Family members – members of employer's family or household or relatives to be included in this insurance.

Office Use Only

Full name	Relationship to employer	Occupation	Total remuneration	ANZSIC no.	Rate%	Premium\$
			\$			
			\$			
			\$			

C. Working contractors and sub-contractors

Office Use Only

Type of contract work being performed	Approx. no. of contract workers	Estimated total value of each contract	Code* (see below)	ANZSIC no.	Rate%	Premium\$
		\$				
		\$				
		\$				

* Please indicate in this column the appropriate code as described below:
Labour only - LO; Labour & Material - LM; Labour, Plant & Materials - LPM.

Total annual payable amount \$

Declaration

I/We hereby declare and warrant:

- (a) that all statements, which I/we have read over and checked, are true;
- (b) that I/we have not suppressed, misrepresented or mis-stated any material fact;
- (c) that I/we have fairly estimated my/our total expenditure for wages, salaries, and all other forms of remuneration during the period of indemnity proposed, and I/we undertake to keep a proper Wages Book in which the name and earnings of every Worker, Employee, and/or Contractor mentioned shall be entered regularly, and I/we further undertake to supply the Company with a correct account of all wages, salaries, and other forms of remuneration paid or accrued during any period of indemnity within two months from the expiry of such period of indemnity, and if the total amount so paid shall differ from the amount on which premium has been paid, the difference in premium shall be met by a further proportionate payment to the Company, or by a refund by the Company, as the case may be, but subject always to the statutory minimum premium, and I/we agree that this proposal and declaration shall be the basis of the contract, and be deemed to be incorporated in the Policy to be issued, which will be accepted subject to the terms and conditions contained therein.

Signature

Date

Print name and title