



# National Workers' Compensation Estimation of Wages

Insured

Expiry Date

ABN:

ITC Entitlement:

Policy No.:

WA

Tas

ACT

NT

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Period of Insurance:

From:

To:

As your policy is due for renewal in the near future, we are pleased to invite renewal. So that we are able to submit renewal terms, please provide an estimation of wages for each applicable state for the period indicated above **prior to expiry**. Please complete all applicable schedules. Renewal of your policy is invited subject to completion of this form.

## Schedule 1: Details of Wages

	ACT	NT	Tas	WA
<b>Employee Wages</b> Total				
Managerial/Clerical				
Traveller				
Other (specify)				
Other (specify)				
Contractors/Sub-Contractors (Schedule 2)				
Directors & Relatives (Schedule 3)				
<b>Employee Numbers</b>				

*If there is insufficient space in any of the above schedules, please use a separate sheet of paper.*

Do you currently employ or expect to employ during the period of insurance 457 visa labour?

Yes

No

## Schedule 2: Contractors / Subcontractors

(a) Do you expect to contract out any of the work in connection with the business? Yes  No

(b) If the answer to (a) is "Yes", will you satisfy yourself that the contractors/subcontractors are insured for workers' compensation by obtaining letters of indemnity from them?

Yes

No

If the answer to (a) is "No", please complete (c) below.

(c) Name of contractor/subcontractor & nature of the work	State	Estimated amount for the proposed period of insurance			
		Labour Only \$	Labour & Plant \$	Labour & Materials \$	Labour, Plant & Materials \$
<b>TOTAL</b>					

**Schedule 3: Directors & Relatives**

Please give details of directors and relatives engaged in the business or trade, and include their wages in Schedule 1.

**NOTE: Any directors or relatives not included are NOT insured.**

Name in Full	State	Age	Relationship	Occupation	Wage Rate \$	Value of keep & other allowances \$

**Signature**

Signed  Date  /  /

Name (please print)

Position

**Please return this form before the Renewal Date to:**

QBE Workers' Compensation  
 Key Accounts Unit  
 GPO Box 4229, Sydney NSW 2001  
 DX 10333, Sydney Stock Exchange  
 Tel: (02) 9375 4444

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