

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 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

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	No	ABN								Taxable		%	
Postal address											State		Postcode		
Period of insurance	From		/		/		to		/		/	at 4 p.m.			
Full description of business or trade <i>(attach applicable brochures)</i>															

Location of business premises *(if more than one location, please specify)*

	State		Postcode	
	State		Postcode	

General information

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

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

If 'Yes', which country?

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 contractors/subcontractors are insured for workers compensation by obtaining letters of indemnity from them and their insurer?	Yes	No
(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	No

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		/ /

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