PO Box 1207
Auburn NSW 1835

Lismore	02 6627 5999	02 9375 4855
Newcastle	02 4968 6444	02 9375 4855
Sydney	02 9375 4444	02 9375 4855
Wollongong	02 4224 3487	02 9375 4855

QBE Workers Compensation (NSW) Limited
Agent for the NSW WorkCover Scheme
ABN: 83 564 379 108/004

NSW WorkCover Scheme

Policy number

Period of insurance
From ☐☐/☐☐/☐☐ To ☐☐/☐☐/☐☐

WORKERS COMPENSATION ACT 1987

INSURANCE PROPOSAL

This form is to be used to provide essential information for the commencement of a new workers compensation insurance policy.

This form is required for the initial insurance proposal only and is not required for subsequent renewals of the policy.

Please complete this form in BLOCK letters and use a black pen.
If further space is required, please attach a separate page.

1 EMPLOYER'S DETAILS

Legal name of employer
(Your legal name may be different from your trading name. Give Company name, Sole Trader or Partners' full names. If a trust give the name of the trustee)

Trading name

ABN of employer or trustee (as applicable)

ACN/ARBN

Name of trust (if applicable)

Trust ABN (as applicable)

Location of business premises – Street number

Suburb

Postcode

Postal address (if different from business premises)
(PO Box or Street address)

Suburb

Postcode

Contact person

Phone
Work
( )

Mobile

Fax
( )

Email

2 IS YOUR BUSINESS A:

☐ Registered company (eg. Pty Ltd company)

Name of Directors	Address

☐ Sole Trader
☐ Partnership
☐ Trust
☐ Cooperative, welfare or charitable organisation
☐ Other - please specify below

GOODS AND SERVICES TAX

Are you registered for GST? ☐ Yes ☐ No

If you are registered for GST, can you claim back 100% of the GST from the ATO in your BAS return (ie your input tax credit entitlement is 100%)? ☐ Yes ☐ No

If No, specify your reduced input tax credit entitlement ☐☐%

3 PREVIOUS INSURANCE HISTORY

Did you establish this business?

☐ Yes ☐ No If Yes, when? ☐☐/☐☐/☐☐

Did you purchase this business?

☐ Yes ☐ No If Yes, when? ☐☐/☐☐/☐☐

Have you purchased or taken over another business or part thereof within the previous 12 months?

☐ Yes ☐ No If Yes, when? ☐☐/☐☐/☐☐

If yes to the above, did you acquire additional staff as a result of this acquisition?

☐ Yes ☐ No If Yes, when? ☐☐/☐☐/☐☐

(Note: it is compulsory for you to answer the above four questions)

Has this business or any business acquired (or part thereof) been insured for workers compensation in the past two years? ☐ Yes ☐ No

If Yes, complete details of previous workers compensation insurance coverage. If No, go to section 4.

Insurance for previous two years

Last year

Scheme Agent

Policy number

Period of insurance

From ☐☐/☐☐/☐☐ To ☐☐/☐☐/☐☐

Year before last

Scheme Agent

Policy number

Period of insurance

From ☐☐/☐☐/☐☐ To ☐☐/☐☐/☐☐

4 BUSINESS ACTIVITY

To ensure correct premium calculation a detailed description is required for each separate and distinct business. Based on this description your Agent will assign a WorkCover Industry Classification (WIC) to enable calculation of your premium.
To help describe your business, attach company brochures and website addresses.

Describe your business or industrial activity
- eg. I am a courier driver.

What goods/services do you produce/handle/supply?
- eg. I carry documents and small parcels.

What equipment/machinery/tools do you use in your business/industrial activity? - eg. station wagon.

What specific trade qualifications and/or licences are required in your business/industrial activity? - eg. driver's licence.

5 ESTIMATED WAGES FOR THE RELEVANT PERIOD OF INSURANCE

If you are engaged in separate and distinct businesses, provide separate details of wages for each business activity in the section below.
Note: Gross wages includes employer superannuation contributions. Refer to the notes under WAGES in PREMIUM FORMS DEFINITIONS for further information regarding other gross wages inclusions.
If the actual wages for all your workers total $7500 or less per financial year, you are no longer required to hold workers compensation insurance, except where you engage an apprentice and/or a trainee, and/or are a member of a group.

A. Direct workers

Description of work performed	Total no. of workers (including apprentices)	Total gross wages ($) (including apprentices)	Agent use WIC code

B. Details of apprentices – included above (see note under APPRENTICE INCENTIVE SCHEME in DEFINITIONS)

Description of work performed	Total no. of apprentices	Total gross apprentice wages ($)	Agent use WIC code

C. Contract workers who are deemed to be your employees
(see note under CONTRACTOR in DEFINTIONS) - record the full contract value in column (3) - an amount must be entered in this column.
Do not include any GST payable in this figure. For the purposes of calculating contractor remuneration, enter further details re the breakdown of the full contract value into the $ value of labour and other components (if known) into the applicable column (4), (5), (6) or (7). If these amounts are not known, place an 'X' in the column that predominantly reflects the components included in the contract without providing $ figures. DO NOT reduce the amount to reflect the standard default percentages referred to in the *Wages Definition Manual*. The agent will apply the default percentages as appropriate.

(1) Description of work performed	(2) Total no. of contract workers	(3) Full contract value ($)	(4) Labour only ($)	(5) Labour and tools ($)	(6) Labour and plant ($)	(7) Labour, tools, plant and materials ($)	(8) Agent use WIC code
			L:	L: T:	L: P:	L: $T/P/M:	
			L:	L: T:	L: P:	L: $T/P/M:	
			L:	L: T:	L: P:	L: $T/P/M:	

D. Non-wage based business activities

No. of per capita units	Description - eg. taxi plates, rides, bouts, games, etc.

If you are a taxi operator, you will need to provide the following additional information: a list of plate/s held at the beginning of the period of insurance (including plate number/s), purchase/sale dates of any plate/s that have changed hands in both the previous and current 12 months, indicate if plate/s are metropolitan or country, and the average number of bailee shifts/ week per plate. Please provide this information on the supplementary form available from the NSW Taxi Council or on a separate sheet and then attach to this form.

E. Asbestos

(see note under ASBESTOS in DEFINITIONS)

Do you anticipate any of your workers in the course of their employment will handle, process or manufacture products containing asbestos? ☐ Yes ☐ No

If you answered Yes, provide details of the activity/activities in which the worker/s will handle, process or manufacture asbestos-containing products. If insufficient space please attach a separate sheet.

If Yes, estimate the above worker's total gross wages for the relevant period of exposure to asbestos. These wages must also be included in A and/or C above.

In which industry are they employed?

6 GROUPING OF RELATED EMPLOYERS

Are you a member of a Group that pays combined wages in excess of $600,000 in New South Wales? ☐ Yes ☐ No
(see note under GROUPING OF RELATED EMPLOYERS in DEFINITIONS)

If Yes, have you registered with WorkCover as a member of a Group? ☐ Yes ☐ No

If Yes, what is your Group Number? ☐☐☐☐☐☐

If No, provide details of related group employers below. If insufficient space or if more than one related employer, please attach a separate sheet.

Name of organisation	
ABN	
Scheme Agent	
Policy Number	
Policy Renewal Date	
How Related to Employer organisation	

If you are a member of a Group and have not registered, go to **www.workcover.nsw.gov.au** to download a grouping registration form. If you have any questions about grouping, contact WorkCover on 13 10 50.

7 CERTIFICATE OF CURRENCY OPTION

Do you require a Certificate of Currency to be issued based on the information you have provided in this Proposal? ☐ Yes ☐ No

8 DECLARATION BY EMPLOYER OR THEIR AUTHORISED REPRESENTATIVE

I, _____ PRINT NAME

- declare that the information provided in this request and any attachments is true, correct and complete
- declare that no information has been suppressed or omitted from this request
- agree to supply a correct declaration of actual wages paid at the expiry of the period of insurance to allow an accurate calculation of premium. I understand the declaration of actual wages may result in further premium payable or a refund of premium paid
- acknowledge that the terms and conditions of the policy are as prescribed by Schedule 3 of the *Workers Compensation Regulation 2010*
- acknowledge that the Premium Forms Definitions supplement has been provided to me
- consent to the information provided in this form, and any further information provided, be used for the purpose of evaluating and administering the employer's workers compensation policy, and any related purpose
- am authorised by the employer to complete this form and sign this declaration on behalf of the employer.

Penalties may apply for providing false, misleading or incomplete information.

Signature of person authorised to act on behalf of employer

Date ☐☐/☐☐/☐☐ Position

DEFINITIONS

To assist employers to complete this form a PREMIUM FORMS DEFINITIONS supplement is available separately. The DEFINITIONS supplement is common to the Insurance Proposal, Declaration of Estimated Wages, Declaration of Actual Wages and Request for Certificate of Currency and Statement of Wages forms. Please contact your Scheme Agent for the DEFINITIONS supplement if it has not been provided with this form. Employers are required to acknowledge that they have obtained the DEFINITIONS supplement when completing this form.

DISCLAIMER

This form provides information and may refer to some of your obligations under the various workers compensation and occupational health and safety legislation that WorkCover NSW administers. To ensure you comply with your legal obligations you must refer to the appropriate Acts and regulations at **www.legislation.nsw.gov.au**