



Workers Compensation Insurance

Proposal Form

Proposed period of insurance:

From / / to / / at 4 o'clock

Policy No.

Important information

I/We hereby request Zurich Australian Insurance Limited to issue to me/us in respect of the business or work described herein a policy indemnifying me/us against my/our legal liability to pay compensation under Worker's Compensation Act, 1951, No. 2 as amended to, or in respect of, any workers within the meaning of that Act for personal injury within the meaning of such Act.

All statements, replies and particulars must be fully made in writing. If this proposal is filled in by any person other than the Employer, such person shall be deemed to be the Agent of the Employer and not of the Company.

Privacy

Zurich is bound by the Privacy Act 1988. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

1 General employees

1. Employer's legal name (in full)

Is the business a Pty Ltd company? Yes No A Trust? Yes No A partnership? Yes No
A sole trader? Yes No

Note: Legal Entity / Name must be the full legal name of the employer(s) of the workers in the business for which you seek this insurance. The employer must be one or more individuals, one or more proprietary limited (Pty Ltd), or one or more public companies, but cannot be a trust, trading name or group.

2. Postal address Postcode

Telephone number Fax number

3. ABN Contact name

4. Nature of business, trade or work in respect of which indemnity is required

5. Situation of Works, Factory or Premises where such Business, Trade or Work is carried on

6. How long has the business been operating?

7. Do you expect to let contracts or sub-contracts for any part of the work of your trade or business during the period of insurance? Yes No

If 'Yes', please complete the contractors schedule overleaf.

1 General employees (continued)

8. Have you any employees engaged other than in connection with the above? Yes No
 If 'Yes', state how and where engaged and with which Company insured.

9. Do you employ any members of your family who reside in your house? Yes No
 If 'Yes', their names, occupations and estimated wages must be disclosed in the schedule overleaf.

10. Has any company declined or permitted withdrawal of a proposal or cancelled or refused to renew a Policy in respect of your liability as an employer? Yes No
 If 'Yes', name of Insurance Company

11. Have you had a previous Workers' Compensation Policy? Yes No
 If 'Yes', name of Insurance Company
 Policy number _____ Due date _____ / _____ / _____

12. Have you had any Workers' Compensation claims in the past 5 years? Yes No
 If 'Yes', complete the following for each of the last 5 years.

Year	Number of claims	Total cost of claims	Name of Insurer
		\$	
		\$	
		\$	
		\$	
		\$	

I/We hereby declare and warrant that all the above statements, together with particulars supplied in the Schedules which I/we have read over and checked, are true; that I/we have not suppressed, misrepresented, or misstated any material fact; and I/we have fairly estimated my/our expenditure for salaries and wages (as defined overleaf) during the period of insurance proposed, and I/we undertake to keep a proper Wages Book in which the name and earnings of every worker mentioned herein or hereon shall be entered regularly.

And I/we further undertake to supply the Insurer, within one month after the expiry of any period of insurance, with a correct account of all wages and earnings (as defined overleaf) paid or accrued, and the number of workers engaged during such period of insurance. If the total amount so paid or the number of workers engaged shall differ from that upon which premium has been paid, the difference in premium shall be met by a further proportionate payment to the Insurer or by a refund by the Insurer, as the case may be subject always to the Insurer's customary minimum premium. 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 therein.

Signature Date
 _____ / _____ / _____

2 Details of Estimated Wages and Earnings

Australian Capital Territory Workers Compensation Act 1951

Penalties are provided under the Act for failure to furnish a true and correct statement.

Estimated Wages/Earnings

		Estimated Wages/Earnings	
		/ /	to / /
Categories of Territory workers*	Time worked (hours) (Time each paid and unpaid worker worked)	"Wages" as defined overleaf	Number of workers to be employed

*Workers within the meaning of the Australian Capital Territory Workers Compensation Act 1951

Definition of wages

'Gross wages' means (before deduction of tax) all wages and salary, including overtime, shift and other allowances, over-award payments, bonuses, commissions, public and annual holidays (including loadings), sick leave, payments to working directors and superannuation payments made by employers in excess of the employers' statutory contribution.

(PLEASE NOTE: wages may be subject to audit by the insurer at any time providing reasonable notice has been given).

Contractors and sub-contractors

Contractors and sub-contractors are workers who have been engaged by you for the purpose of your trade or business under a contract for services (ie not direct employees) and whose remuneration by whatsoever means is in substance a return for their personal manual labour or services. If contractors and sub-contractors have been or are likely to be engaged, please complete the following table.

Type of work performed	Remuneration over the Period of Insurance (based on the percentage of the contract relating to the Provisions of personal manual labour or service)

Family members

Members of the employer's family dwelling in the employer's house and employed under a contract of service must be named separately and the type of work performed declared below. Note: individual figures must be shown for each person and are not to be included above.

Name	Occupation	Relationship of employer	Actual Wages	Estimated Wages

Directors

If cover is sought for directors, the name, occupation and wages of EACH such director should be included in the schedule, but the director must still qualify as a 'worker' under the Act to be eligible for claim payments.

Name	Occupation	Relationship of employer	Actual Wages	Estimated Wages

NOTE: Any members of the employer's family dwelling in their house and any Working Director **NOT** included in the schedules above are **NOT** insured.

Office use only

ANZSIC number	Premium rate	Premium	Broker	Account number
	Levies			
	Total payable			