QBE INSURANCE (AUSTRALIA) LIMITED ABN 78 003 191 035

National Workers' Compensation Estimation of Wages



Insured								Expiry Dat	e			
ABN:				ITC Entitlement:								
Poli	cy No.:											
WA	,	Tas		AC ⁻	Т			NT				
	1			, I								
Peri	od of Insurance:		From:					То:				
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.												
ScI	hedule 1: Details (of Wages										
			,	ACT		NT		Tas	WA			
Emp	oloyee Wages	Total										
Man	nagerial/Clerical											
Traveller												
Other (specify)												
Other (specify)												
Contractors/Sub-Contractors (Schedule 2)												
Directors & Relatives (Schedule 3)												
Employee Numbers												
	If there is insufficient	space in any o	of the ab	oove sched	ules,	please use a	separ	ate sheet o	f paper.			
	Do you currently employ insurance 457 visa labor		employ d	luring the p	eriod	of	Ye	es 🗌	No 🗆			
ScI	hedule 2: Contrac		contra	ictors					146			
(a)	Do you expect to contra	ct out any of th	ne work i	in connection	on wi	th the busines	ss? Ye	es 🗆	No □			
(b)												
	contractors/subcontractors are insured for workers' compensation by obtaining letters of indemnity from them? Yes No								No 🗌			
	If the answer to (a) is "N	o", please com	nplete (c) below.								
(c)	Name of	40	State	Estimated amount for the proposed period of insuran					d of insurance			
	nature of the work	tor &		Labou Only \$		Labour & Plant \$		_abour & laterials \$	Labour, Plant & Materials \$			
		-	ΓΩΤΛΙ									

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					Da	ite / /					
Name (please print)											
Position											

Please return this form before the Renewal Date to:

QBE Workers' Compensation Key Accounts Unit Level 1, 85 Harrington Street, Sydney NSW 2000 GPO Box 4229, Sydney NSW 2001 DX 10333, Sydney Stock Exchange Tel: (02) 9375 4444

The Privacy legislation protects personal and sensitive information on this form that could reasonably identify you to another person. QBE will only use or disclose your personal information for purposes that would reasonably be expected during the claim process. We may need to share your information with our agents or service providers who may also be involved with your claim. This could include rehabilitation providers, medical practitioners, investigators, solicitors, other insurers, and national and overseas reinsurers. If we need to use the information for another purpose, we will ask you for your permission first. If you would like any further information or if you have any concerns about how QBE is managing your personal information, please contact the Compliance Manager by email: compliance.manager@qbe.com or by telephone: (02) 9375 4656.