ZU08612 - V3 04/16 - PCUS-011282-2016

ZURICH[®]

Employers' indemnity insurance

General excluding Private Householders

I/We hereby request that Zurich Australian Insurance Limited (Zurich) will issue to me/us in respect of the business specified below a policy of insurance indemnifying me/us and such other persons which require to be indemnified, in respect to the liabilities referred to in Section 97 of the Workers Compensation Act 1988 and I/we undertake to pay to Zurich all such premium or premiums, as may be imposed by Zurich consequential upon any material alteration in the nature or the extent of the risk hereby insured or in consequence of any amendment of the Act referred to herein, during the currency of the indemnity granted by this Policy or any renewal thereof.

		respect of which there shall have been paid to and accepted by Zurich the sum
required for the continu	lation of the insurance.	
ANZSIC	AZIC	Policy number
Privacy		
information, about you claims ('Purposes'). If yo	('your details') to assess applica u do not provide your informat	isclose and handle information, and in some cases personal or sensitive (eg health) ations, administer policies, contact you, enhance our products and services and manation, we may not be able to do those things. By providing us, our representatives or g, disclosing to third parties and collecting from third parties your details for the Purp
Insurance Group Ltd, ot	her insurers and reinsurers, our	information, to relevant third parties including your intermediary, affiliates of Zurich ir service providers, our business partners, health practitioners, your employer, partie ov enforcement bodies and as required by law, within Australia and overseas.
please give them a copy Anti-Money Laundering	of this document. Laws authors and Counter-Terrorism Finance	s, including those listed above. Before giving us information about another person iorising or requiring us to collect information include the Insurance Contracts Act Cing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New T financial services, crime prevention, trade sanctions and tax laws.
providers, business part	vailable at www.zurich.com.au ners and countries in which re u can access or correct your do	u or by telephoning us on 132 687, provides further information and lists service ecipients of your details are likely to be located. It also sets out how we handle letails or make a complaint.
complaints and now yo		
Details Name of employer in fu		
Details Name of employer in fu	ıll ABN	
Details Name of employer in fu Phone number Address	ABN	State Postcode

Details (continued)			
State what acids, gases, chemicals or explosives are used			
Are any radioactive materials used, stored, handled or transported?	Yes	\bigcirc	No C
Are any members of your family or household or any other relatives employed in the business? If 'Yes', give particulars	Yes	0	No C
Have you at the present time any worker who, to your knowledge, is suffering from any injury su of employment?	stained in the course Yes		No C
In respect of your liability as an Employer:			
(i) have you previously effected insurance?	Yes	\bigcirc	No C
If "'Yes', with whom?			
(ii) has any insurer permitted withdrawal of or declined any Proposal?	Yes	\bigcirc	No C
(iii) has any insurer cancelled or refused to renew a Policy? If 'Yes', which insurer and what reasons were given?	Yes	0	No C
Do you expect to let contracts for any part of the work of your trade or business? If such contracts are let:-	Yes		No C
Do you undertake to satisfy yourself on every occasion that the contractor is insured against his full Workers' Compensation Act?	ull liability under the Yes	\bigcirc	No C
If 'Yes', to ensure protection you must obtain a certificate of indemnity from the Contractor's insur	er.		
WARNING: See Section 29 of Workers Compensation Act.			
State the total number of workers employed as at the 30th June immediately preceeding the date of	the application for the policy of	insur	ance.
Do you have an Occupational Health & Safety Program and Return to Work Program	Yes	\bigcirc	No C
State total amount paid by you as Wages/Salaries during the past twelve months, which means: v holiday pay, sickness and long service leave, the value of board and lodging and all other forms o		ission	ıs,
\$			
Please supply details of all claims in last 5 years			
	\$		
	\$		
	\$		
	\$		
	\$		
Please give number of cases of injury to your Employees by accident during the past 3 years.	Number		
What is your normal recognised pay day for your Employees and how frequently are they paid?			
Day Frequency		·····	
Do you have prospective employees undergo pre-Employment medical examinations?	Yes	\bigcirc	No (
If 'Yes', are these conducted by a medical practitioner nominated by Employer?	Yes	\bigcirc	No 🔘

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5	Dec	lara	tio	r

1/We hereby declare and warrant that all the above statements together with particulars supplied in the Schedule on the back hereof, which I/we have read over and checked, are true; that I/we have not suppressed, misrepresented or misstated any material fact; that I/we have fairly estimated my/our total wages, salaries and other relevant expenditure. I/We agree that the name of every person to be included in the indemnity together with the amount of wages or salary and other earnings paid or allowed to him shall be entered regularly a proper wages record, and such wages record shall be submitted to the inspection of Zurich or of an Officer duly authorised by it whenever required for the purpose of verifying the total amount paid or the correctness of a claim. I/We agree to supply to Zurich at the expiration of the term for which the Policy is issued and any renewal thereof, a correct statement of all wages, salaries, and other earnings paid or allowed, and the number of persons employed, during the term. I/We agree that this Proposal, Declaration and Agreement (which includes anything written or printed on the back hereof) shall be the basis of the contract between me/us and Zurich, and I/we agree to accept the policy issued by Zurich subject to the terms, conditions and memoranda contained herein, endorsed hereon or attached hereto, and I/we hereby acknowledge that I/we have read and understand the terms of this Proposal.

Signature	Date		
X		/	/

If this Proposal is filled in by any person other than the Proponent such person(s) shall be deemed the Agent of the Proponent and not Zurich. Only the official receipts issued from the Office of Zurich, and on its printed forms, are binding on Zurich.

chedule							
lassification of a f Insurance.	ll persons empl	loyed in the	business and the Estimat	ted Amount of GR	OSS EARNINGS to	be paid to ther	n during the period
NAGES / SALARI	ES' means:						
Vages, salaries, b emunerations pa		issions, holic	day pay, sickness and long	g service leave, the	e value of board ar	nd lodging and	all other forms of
	No. of work	cers	Time worked (in	Gross Wages of Workers	Rate per cent	Premium	ANZSIC Code
	Permanent	Casual	hours) by casual workers per week				
Employees							
	ctors / Sub-Con	tractors (ref	er to requirement of Sect	tion 29 of the Act)			
	ctors / Sub-Con	tractors (ref	er to requirement of Sect	tion 29 of the Act)			

Zurich use only							
Agent/Broker							
Account No.			Cash receipt No.		ıΑ	mount Paid	d \$
Policy to							
Notices to							
Cover Note No.			Replacing Policy No.	Due	/	/	Lapsed/Cancelled
Proposal checked	by			Date	/	/	
Proposal passed	by			Date	/	/	
Policy and Input typed	by			Date	/	/	
Policy checked	by			Date	/	/	
Policy despatched	Date	/	1				