

**employer's
indemnity**
insurance
application



Insurer
Insurance Australia Limited
ABN 11 000 016 722
trading as
CGU Workers Compensation
An IAG Company

employer's indemnity

Application and Agreement for Employer's Indemnity

CGU Workers Compensation (the Company)

I/We hereby request that the Company will issue to me/us in respect of the business specified below a policy indemnifying me/us and such persons as are required to be indemnified in respect of liabilities referred to in Section 97 of the *Workers Rehabilitation and Compensation Act 1988 (Tasmania)* and any amendments thereto. I/We undertake to pay the Company all such further premium or premiums, as may be imposed by the Company consequential upon any material alteration in the nature or 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.

CGU Workers Compensation use only

Account no.

Policy no.

Agent or Broker

Policy is:

New ☐ Replacement ☐

Previous policy or cover note number

Acceptance

Deposit premium

Quoted by

Period of insurance

The date you would like your policy to start

The expiry date of your policy will be 4.00 p.m. on

Proposer

Employers name(s) (state surname, given name(s) and company names as applicable)

Business name

ABN

Are you registered or required to be registered for GST purposes?

No ☐ Yes ☐ Please provide us the entitlement to Input Tax Credit

%

Postal address

Postcode

Contact person (Dr, Mr, Mrs, Miss, Ms) given name and surname

Telephone no.

Location of premises (if different to Postal address)

Postcode

Business or occupation

ANZIC (ANZIC will be determined by the underwriter)

Questionnaire

1. In respect of your liability as an Employer:

i) have you previously effected insurance?

No ☐ Yes ☐ please indicate with whom:

ii) has any Insurer declined to insure you or required increased premiums or special terms to insure you?

No ☐ Yes ☐ which Insurer and what reasons were given:

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2. Do you expect to let contracts for any part of the work of your trade or business?

No ☐ Yes ☐ do you undertake to satisfy yourself on every occasion that the Contractor is insured against their full liability under the Workers Rehabilitation and Compensation Act? (If so, to ensure protection you must obtain a certificate of indemnity from the Contractor's Insurer).

WARNING: See Section 29 of *Workers Rehabilitation and Compensation Act 1988 (Tasmania)*.

3. State the total number of workers employed as at the 30th June last:

4. State total amount paid by you as Salaries, Wages and other earnings during the past twelve months:

5. State the number of years you have engaged employees in this business

6. Please give details of workplace injury or illness incurred by employees in the last 4 years. These will need to be verified by your current and / or previous Insurer(s). If no claims show nil.

| Year | Number | Paid to date | Estimated future costs | Total |
|------|--------|--------------|------------------------|-------|
| | | | \$ | \$ \$ |
| | | | \$ | \$ \$ |
| | | | \$ | \$ \$ |
| | | | \$ | \$ \$ |

7. Have you at the present time any worker who, to your knowledge, is suffering from any injury sustained in the course of employment?

No ☐ Yes ☐ please give particulars:

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| |

8. Are employees involved in the manufacturing, handling or removal of asbestos products or products containing asbestos?

No ☐ Yes ☐ please give details

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9. Do you have any formal documented occupational health & safety systems and procedures?

No ☐ Yes ☐ please provide details of model and facilitator

Date started

10. Have you had an occupational health & safety audit conducted?

No ☐ Yes ☐ please indicate by whom

Date

What was the result of the audit?

OH&S and Workers Compensation Questionnaire

Please answer as follows: Y = YES N = NO P = PART N/A = NOT APPLICABLE

- Additional comments can be added to a separate sheet
- Some items may not apply to some small businesses or individual operators
- Where your answer is 'Yes' please attach completed examples of the forms/documents used.**

Do you have the following formal systems and procedures in place?

| # | System/Procedure | Code | # | System/Procedure | Code |
|-----|---|------|---|---------------------------------------|------|
| 1. | Pre-employment screening | | 16. | Formal job instruction/training | |
| | • Formal job application | | 17. | Contractor Controls | |
| | • Medical assessment (by GP) | | 18. | Purchasing policy & procedures | |
| 2. | Induction procedure and check sheets to confirm induction | | 19. | Hazardous Substances/Chemicals | |
| | | | • Signage | | |
| 3. | Health & Safety Policy/Agreement | | • Material Safety Data Sheets | | |
| 4. | Responsible Officer for OH&S | | 20. | First aid training & facilities | |
| 5. | Documented Safety Rules | | 21. | Hearing conservation program | |
| 6. | Incidents/near misses recorded | | 22. | Personal Protective Equipment | |
| 7. | Incident Investigation and Report | | • Policy/rules for use & maintenance | | |
| 8. | OH&S /Rehabilitation training & awareness | | • Training in use | | |
| 9. | Safety audits and checklist | | 23. | Emergency plan/regular drills | |
| 10. | Preventive maintenance schedule/s | | 24. | Workers Compensation | |
| 11. | Safe Maintenance - Tagout/lockout | | • Delegated/trained person | | |
| 12. | System to rectify hazards & sign off | | 25. | Rehabilitation policy/agreement | |
| 13. | Health & Safety Committee/Reps | | • Rehabilitation Co-ordinator nominated and trained | | |
| 14. | Consultative Committee/s | | • Rehabilitation Plan and provision of alternative duties | | |
| 15. | Manual Handling Training | | 26. | Regular Management Reviews | |

Please read the **IMPORTANT NOTES** below, then overleaf complete Schedules A, B and C.

STATEMENT OF SALARIES AND WAGES - TASMANIA

(Penalties are provided under the Workers Rehabilitation and Compensation Act 1988 for failure to furnish a true and correct statement)

Important notes

'Wages' includes the monetary value of all payments made to a worker, whether in cash or in kind, in return for the worker's labour and includes the following:

- Any amount paid to a person taken to be a worker under this Act, which is attributable to labour.
- Any amount paid or payable by a company by way of remuneration to a director or member of the governing body of that company.
- The value of provision by the employer of meals or the use of premises or quarters as consideration or part consideration for the worker's services.
- The value of fringe benefits within the meaning of the *Fringe Benefits Tax Assessment Act 1986*.
- All superannuation contributions, forming part of the worker's salary package, made by the employer in respect of the worker.

'Wages' does not include:

- Any allowance for travelling or accommodation; or
- Any worker's compensation payment; or
- Any redundancy, severance or termination payment.

Schedule

If you conduct business from more than one location and the nature of work varies at any or all locations please complete a separate schedule for each type of business.

| Schedule A - Class of Employees not included in Schedules B and C. | | | Number Employed | | Estimated Annual Wages (as defined) |
|--|-----|----------------|--------------------------|--------|--|
| | | | Permanent | Casual | |
| Clerical (persons whose time is solely engaged in office work) | | | | | \$ |
| Others - List Occupations | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| Schedule B - Members of Employer's family & Company Directors | | | | | |
| Name | Age | Work performed | Relationship to employer | | |
| | | | | | |
| | | | | | |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| Schedule C - Contractors and Sub-contractors | | | | | Estimated Annual Payments |
| Total Value of contracts and sub-contracts for the insured period. | | | | | \$ |
| | | | | | |
| Class of work performed - list below. Base amounts on proportion of contract relating to manual labour or services | | | | | |
| | | | | | \$ |
| | | | | | \$ |
| Do you ensure all Contractors and Sub-Contractors carry their own Workers Compensation insurance | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Wages \$ _____ x _____ % = \$ _____
 Deposit premium

Special contribution levy % = \$ _____

Goods and Services Tax \$ _____

Deposite Premium Payable = \$ _____
 (Note that GST is not payable on the levy)

I/We hereby declare and warrant that all the above statements together with particulars supplied in the Schedule 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 expenditure for wages, salaries, and all other forms of remuneration, during the period of indemnity, and I/we agree at the expiration of the current term for which the Policy is issued, or any renewal thereof, that the premium presently paid shall be subject to revision and adjusted by payment of any extra sum due upon any excess wages, salaries or remuneration paid or accrued beyond those enumerated in the Schedule heron, or by a rebate in like manner if the amount thus estimated prove greater than the sum actually expended, subject always to the minimum premium chargeable. And I/we agree that the name of every employee, with the amount of wages or salaries or other forms of remuneration paid to him, shall be entered regularly in a proper Wages Book, and such Wages Book shall be submitted to the inspection of the Company whenever required for the purpose of verifying the correctness of a claim or the total amount of wages paid. And I/we agree that this proposal, agreement, and declaration shall be the basis of the contract between me/us and the Company, and I/we agree to accept the Company's Policy subject to the terms and conditions to be expressed therein and thereupon. I/We hereby authorise the Company to obtain details of past claims history from our previous Insurer(s).

Signature of Proposer(s)

Date

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Policy to Insured/Intermediary/Area Manager

Policy print no.

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enquiries

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