

Policy number

Period of insurance

From:

To:

Please nominate a Scheme Agent for your claims management.

Please select from:

Allianz

EML

GIO

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

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?
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

Policy number

Period of insurance

From: To:

Year before last

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 **icare** will assign a Workers Compensation 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.

A. Direct workers

Description of work performed	Total number of workers (incl. apprentices)	Total gross wages (incl. superannuation) (\$ (incl. apprentices)	Office use WIC code
Asbestos workers (if applicable)			

(see note under asbestos in definitions)

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 (incl. superannuation) (\$)	Office use WIC code

C. Contract workers who are deemed to be your employees

(see note under **Contractor** in **Definitions**) – record the full contract value in column (3). 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/s (4), (5), (6) and/or (7). If these amounts are not known, place an 'X' in the column/s indicating 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. **icare** 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) Office use WIC code

D. Non-wage based business activities

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.

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

6. Grouping of related employers

Is your organisation related to or part of another organisation? (eg. holding company, subsidiary. Refer to **Definitions**) Yes No

Are you a member of a Group that pays combined wages in excess of \$750,000 in New South Wales? (see note under **Grouping of Related Employers** in **Definitions**) Yes No

If Yes, have you registered with **icare** as a member of a Group? Yes No
If Yes, what is your Group Number?

If you are a member of a Group and have not registered, contact **icare** on 13 44 22

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 Form 3 of Schedule 1 of the *Workers Compensation Regulation 2003*
 - 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 **icare** 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 **icare** administers. To ensure you comply with your legal obligations you must refer to the appropriate Acts and regulations at www.icare.nsw.gov.au

how to connect with us

Phone: 13 44 22 (7am to 7pm, Monday to Friday)
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Post: PO Box 6766, Silverwater NSW 1811