

GIO WORKERS COMPENSATION WESTERN AUSTRALIA

PROPOSAL FORM

Quote Number Policy Number

Workcover Number

To complete your Workers Compensation cover with GIO, please provide and return the following Employer information and declaration for the issue of your policy to giopolicy@gio.com.au or by post to GPO Box B50, Perth WA 6838.

By signing the declaration you are confirming that the information provided to us is true and correct for your policy.

Please note: Workers Compensation Insurance cannot be backdated. If your GST/ITC status is not indicated on this request, the default amounts (registered & 100 % ITC) will be applied.

Insured:

ABN:

Trading name:

Trust (if applicable):

Trust ABN (if applicable):

Situation address: Details of full address where the majority of employees are working

<input type="text"/>
State <input type="text"/> Postcode <input type="text"/>

Postal Address

<input type="text"/>
State <input type="text"/> Postcode <input type="text"/>

Business description

GST Registered Yes No

ITC entitlement

Estimated remuneration

Please enter the total estimated remuneration for each type of worker that you will employ during the period of insurance.

General employees

Include all workers except working directors or contractors/subcontractors as you will declare these types of workers separately on this form.

Description of work performed	Number of workers	Total Estimated Remuneration
List each separate and distinct work activity your general employees are engaged in		\$
		\$
		\$
		\$
		\$
		\$



Working directors

See the **Important Notices** included with this form for information.

Name	Occupation	Total Estimated Remuneration
		\$
		\$
		\$

Contractors/subcontractors

Please provide the total estimated remuneration and or full contract value for contractors/subcontractors that are deemed to be your employees.

Name of contractor/ subcontractor	Type of contract (select one only)	Description of work performed by contractor/ subcontractor	Number of workers	Total Estimated Remuneration (if known)	Total Estimated contract value
	<input type="checkbox"/> Remuneration only <input type="checkbox"/> Labour only <input type="checkbox"/> Labour & Tools <input type="checkbox"/> Labour & Plant <input type="checkbox"/> Labour, Plant & Materials			\$	\$
	<input type="checkbox"/> Remuneration only <input type="checkbox"/> Labour only <input type="checkbox"/> Labour & Tools <input type="checkbox"/> Labour & Plant <input type="checkbox"/> Labour, Plant & Materials			\$	\$
	<input type="checkbox"/> Remuneration only <input type="checkbox"/> Labour only <input type="checkbox"/> Labour & Tools <input type="checkbox"/> Labour & Plant <input type="checkbox"/> Labour, Plant & Materials			\$	\$

Special Acceptance Questions

Does your business engage in any labour hire, aerial, underground mining, offshore, overseas, crystalline silica handling, respirable crystalline silica generation or asbestos-handling activities?

Yes No

If yes, please provide the following breakdown:

Activity	Yes	If yes, how many workers at any one time?
Labour hire	<input type="checkbox"/>	
Aerial	<input type="checkbox"/>	
Underground Mining	<input type="checkbox"/>	
Offshore	<input type="checkbox"/>	
Overseas	<input type="checkbox"/>	
Crystalline silica handling/generation of respirable crystalline silica	<input type="checkbox"/>	
Asbestos Handling	<input type="checkbox"/>	

Based on the information you provide, we may send you a Special Acceptance Questionnaire to better understand your business.

Duty of Disclosure

Have you ever been charged or convicted of any criminal offence?

Yes No

Has an insurer ever declined to offer you an insurance policy, or cancelled, refused renewal or restricted cover under your previous insurance policies?

Yes No

In the last 5 years have you been or are you currently bankrupt, insolvent, under administration, in liquidation or in receivership?

Yes No

If you answered yes to any of the above, please provide further information below:

Claims & Remuneration History

If you have held a Workers Compensation policy in the last 4 years, please provide the following information :

Claims history	dd/mm/yyyy to dd/mm/yyyy	dd/mm/yyyy to dd/mm/yyyy	dd/mm/yyyy to dd/mm/yyyy	dd/mm/yyyy to dd/mm/yyyy
Number of Claims	Claim No's	Claim No's	Claim No's	Claim No's
Total Cost of Claims	Claim cost	Claim cost	Claim cost	Claim cost
Total remuneration	Remuneration figure	Remuneration figure	Remuneration figure	Remuneration figure
Insurer				

Along with this request form, please submit documentation from your previous Insurer/s to support the above.

Declaration and signature of applicant or authorised representative

I (print your name, position)

of (enter legal entity name)

I am authorised as the employer/by the employer to complete and sign this statement.

I confirm that the information provided in this application and any attachments are true, correct and complete and that no information has been suppressed or omitted and wish to place cover from:

/ /

Signature

Position

Date

/ /

KNOW NOW

How to return this form

- Email: giopolicy@gio.com.au
- Post: GPO Box B50 Perth WA 6838

How to contact us

- Phone: **13 10 10**
- Web: **gio.com.au**

Who we are

Insurance issued by AAI Limited ABN 48 005 297 807 trading as GIO.

IMPORTANT NOTICES

GIO WORKERS COMPENSATION WESTERN AUSTRALIA

The information provided in this guide should not be regarded as a substitute for obtaining professional advice on your workers compensation or other insurance requirements. It is important to note that workers compensation legislation is frequently amended.

1. General information

Workers compensation insurance is compulsory throughout Australia where you have Workers. GIO offers business and domestic workers compensation cover in Western Australia, Australian Capital Territory, Tasmania and Northern Territory.

2. Business numbers

Australian Company Number (ACN)

An ACN is issued to any company registered with the Australian Securities and Investments Commission.

Australian Registered Business Number (ARBN)

An ARBN is issued to any business other than companies registered with the Australian Securities and Investment Commission.

WorkCover Number (WCN)

In Western Australia every Employer must register with WorkCover for a unique WorkCover number.

Australian Business Number (ABN)

An ABN is issued by the Australian Taxation Office. You must have an ABN to register for GST purposes; however, the issue of an ABN does not automatically mean you are registered to claim GST Input Tax Credits.

GST

If you are a registered business or non-profit organisation you must inform GIO of the extent to which you are entitled to Input Tax Credits on your insurance premium. This advice is required prior to the commencement of each period of insurance or when you have a claim. However, if you do not provide this information it will be assumed that you are registered and that you are entitled to claim 100% of the GST paid on your premium as an Input Tax Credit.

3. Definition of remuneration

Your premium will be calculated using your estimate of the Remuneration you will pay during the period of insurance.

Remuneration means remuneration as defined by the *Workers' Compensation & Injury Management Act 1981* and includes: all wages, salaries, remuneration, commissions, bonuses, overtime, allowances and the like, directors' fees, superannuation contributions (except those made by force of law), fringe benefits, and all other benefits paid (whether paid in cash or non cash benefits such as vehicles, equipment, mortgage payments, travel, school fees etc.) to or in relation to a Worker (including working directors declared as such to us) or to contractors, before deduction of income tax.

Remuneration does not include termination payments, retirement pay, retrenchment pay in lieu of notice, pensions, "golden handshakes" or weekly payments of workers' compensation.

Your estimate of Remuneration must be given to the best of your knowledge, information and belief.

Following the period of insurance, the premium will be recalculated using a statement submitted by you of the total amount of Remuneration actually paid during the period of insurance and the recalculation may result in an additional premium amount or a refund to you.

4. Who is a worker?

Worker means:

- An employee or apprentice;
- A person to whose service any industrial award or industrial agreement applies;
- A contractor engaged to work for the purpose of your trade or business whose remuneration is in substance for his personal manual labour or services;
- Worker employed by your contractor (in certain cases - see over).



5. Who is not a worker?

Worker does not include:

- A person whose employment is of a casual nature and is not for the purpose of your trade or business;
- A working director (unless you furnish to us in writing the name of the director and the aggregate amount of wages, salary or other remuneration to be paid to the director during the period of insurance, or at the time the person is appointed);
- A person who is remunerated only for participating as a contestant in a sporting or athletic activity or is engaged in training or preparation, promotional activities or a journey in connection with the activity, while the person is doing those things;
- Crew of a fishing vessel who contributes to the cost of working the vessel and is remunerated by a share in the profits or gross earnings of working the vessel.

6. Contractors

Worker includes:

- A contractor to whose service an industrial award or agreement applies;
- A contractor engaged to work for the purpose of your trade or business whose remuneration is in substance for his personal manual labour or services.

Note: The remuneration is for the contractor's personal manual labour or services, where the contractor does not employ his own employees or contractors and substantial materials or equipment (not being tools of the trade) are not provided;

- Worker employed by a contractor who is engaged to execute any work at premises under your control or management, where the Worker's work is directly a part or process in your trade or business.

Contractors includes subcontractors.

You must include as Remuneration the full value of the contracts with your contractors. In the case of contractors who employ Workers or provide substantial materials or equipment, we will make an adjustment to estimate the Remuneration component of the contract value for premium calculation purposes.

The contractor might be an individual, a partnership, or a company. The contractors might trade using a business name or it might be a trading trustee. Remuneration for all of your contractors must be declared.

7. Claims excess

No excess.

8. Extra cover

- If your employee or apprentice is injured during the period of insurance and if you are entitled to indemnity for workers compensation liability for the injury we provide extra cover for liability for damages for the injury under the Fatal Accidents Act 1959 (WA), or the Law Reform (Miscellaneous Provisions) Act 1947 (WA), or at common law, and liability for contribution under the Law Reform (Contributory Negligence and Tortfeasors' Contribution) Act 1947 (WA);
- Limited to \$50,000,000 and can be increased for extra premium.

9. Other cover

Other cover may be included for extra premium.

10. Terms and conditions

Any cover under the policy, including other cover, is subject to the terms, conditions and exclusions of the policy and the provisions of applicable State, Territory and Commonwealth law.

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13 10 10 | gio.com.au

