GIO Workers Compensation – Tasmania Proposal Form

Quote Number

Policy 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 PO Box 52, Woden ACT 2606.

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

		State	Postcode	
Postal Address				
		State	Postcode	
Business description				
GST Registered			Yes 🗌	No
ITC entitlement				

Estimated wages

Please enter the total estimate wages 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	Total Estimated Wages	
List each separate and distinct work activity your general employees are engaged in	workers		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Working directors

See the Important Notices included with this form for information.

Name	Occupation	Total Estimated Wages
		\$
		\$
		\$

Family members

See the Important Notices included with this form for information.

Members of the employer's family who live in the employer's home will not be covered unless their details are provided below.

Name	Relationship to Employer	Occupation	Total Estimated Wages
			\$
			\$
			\$
			\$

Contractors/subcontractors

Please provide the total estimate wages 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 Wages (if known)	Total Estimated contract value
	□ Wages only			\$	\$
	🗌 Labour only			\$	\$
	🗌 Labour & Tools			\$	\$
	🗌 Labour & Plant			\$	\$
	🗌 Labour, Plant & Materials			\$	\$
	U Wages only			\$	\$
	Labour only			\$	\$
	🗌 Labour & Tools			\$	\$
	🗌 Labour & Plant			\$	\$
	🗌 Labour, Plant & Materials			\$	\$
	□ Wages only			\$	\$
	Labour only			\$	\$
	🗌 Labour & Tools			\$	\$
	🗌 Labour & Plant			\$	\$
	🗌 Labour, Plant & Materials			\$	\$

Special Acceptance Questions

Does your business engage in any labour hire, aerial, undergound, overseas, offshore or asbestos-handling activities? Yes No

	Yes	If yes, how many workers at any one time?
Labour hire		
Aerial		
Underground Mining		
Offshore		
Asbestos Handling		
Overseas		

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 & Wages 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 wages	Wage figure	Wage figure	Wage figure	Wage 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. 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

How to return this form

- Email: giopolicy@gio.com.au
- Post: PO Box 52
 Woden ACT 2606

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 Tasmania

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 NSW, Western Australia, Australian Capital Territory, Tasmania and Northern Territory. If you require cover for another State, GIO can assist co-ordinating cover, please contact us on 13 10 10.

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.

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 wages

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

Wages is the total gross earnings of your workers before you deduct tax.

Generally it includes salary, overtime, shift and other allowances, bonuses, over-award payments, commissions, payments for public and annual holidays (and loadings), payments to working directors, sick leave payments, the value of board and lodging you provide for the workers and any other money or anything worth money, given to workers under their employment or work contracts, and salary sacrifice amounts for voluntary superannuation contributions or third party remuneration e.g. Directors' fees, school fees that are part of the workers' taxable income.

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

Please visit www.workcover.tas.gov.au for further details on the 'Definition of Wages'.

4. Do not count as wages

- a. Weekly workers compensation payments;
- b. Termination payments;
- c. Ex-gratia payments, entertainment allowance, unless subject to FBT, other fringe benefits (except as noted in the definition of wages above).

5. Who is a worker?

A **Worker** includes apprentices, working directors of the company, family members engaged in the business and in certain cases, contractors.

6. Do not count as a worker

- a. Someone who is a casual employee and employed otherwise than for the purposes of your trade or business;
- b. Outworkers (outworkers perform services for a principal at premises not under the control or management of the principal);
- c. Fishing boat crew on a profit share.

7. Contractors

Workers compensation insurance is also compulsory for contractors that the legislation deems to be your workers and contractors who are in fact your workers. You must include as wages the full value of the contracts (we will then make an adjustment to calculate the wage component for premium calculation purposes).

Count as a worker all contractors you have unless they are true independent contractors. Independent contractors could include, depending on the terms of their engagement:

- An incorporated company or partnership;
- A sole trader who employs others or sublets the contract;
- A sole trader who is operating an independent business in either his/her own name, business name or firm name where the contracted work is usual to the trade or business (e.g. an electrician contracted to do electrical work) carried on by the contractor.

Generally, contractors engaged in rural work are also deemed to be workers (defined on the proposal form as type C contractors). 'Rural work' includes timber supplying, felling or ringbarking trees, cutting scrub, hauling or loading timber, land clearing, sugar cane cutting, loading and transporting and fence erecting or demolishing.

8. Claims excess

The excess is equivalent to the first weekly rate payment payable under the Act (the period may be increased up to 4 weekly rate payments) in respect of each injury plus the first \$200 of any other benefits.

9. Common law cover

Unlimited – except for punitive, exemplary or aggravated damages.

10. Terms and conditions

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