

GIO WORKERS COMPENSATION NORTHERN TERRITORY

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 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

		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 workers	Total Estimated Wages
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 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
	<input type="checkbox"/> Wages 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"/> Wages 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"/> Wages 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, overseas, offshore or asbestos-handling activities? Yes No

If yes, please provide the following breakdown:

	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"/>	
Asbestos Handling	<input type="checkbox"/>	
Overseas	<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 & 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

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.