GIO Workers Compensation – Western Australia

Declaration of Actual Remuneration for Labour Hire Risks

Policy details

Insured Name

Policy Number

Insurance Term

from / / to / /

Details of Host Employer	Predominant Industry of Host Employer	Total Actual Remuneration	Host Employer's ANZSIC CODE (if known)
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	

Signature

Position

Date / /

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**

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