

GIO WORKERS COMPENSATION – WESTERN AUSTRALIA

DECLARATION OF ESTIMATED REMUNERATION FOR LABOUR HIRE RISKS

Policy details

Insured Name	<input type="text"/>	Policy Number	<input type="text"/>
Insurance Term	<input type="text" value="From"/>	<input type="text" value="To"/>	

Details of Host Employer	Predominant Industry of Host Employer	Total Estimated Remuneration	Host Employer's ANZSIC Code (if known)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
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		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Employment Arrangements

1. With the occupation listing above are your workers direct employees or contractors?

2. If you include contractors in the above estimated remuneration, what is the number (remuneration/contract size) of contractors engaged in the business over the next 12 months?

Over the next 12 months how many workers will be:

- Supplied to Host Employers to work offshore:
- Supplied to Host Employers to perform diving work
- Supplied to Host Employers to work with asbestos
- Supplied to Host Employers to engage in crystalline silica handling/generation of respirable crystalline silica
- Supplied to Host Employers to work in underground mining
- Supplied to Host Employers who perform aerial duties
- Supplied on a fly in - fly out basis

Recruitment

3. Do you carry out pre-employment medicals?

Yes No

If yes, are they performed by a preferred medical provider?

Yes No

4. Does your application form require acknowledgment that the applicant has read and understands the provisions of Section 79 of the *Workers' Compensation and Injury Management Act 1981* (as amended)?

Yes No

5. Do you perform employment history, verification and reference checking?

Yes No

6. Do you carry out a company induction?

Yes No

7. Do you carry out or get copies of onsite Host Employer inductions?

Yes No

8. Is training provided for the following?

Emergency procedures

Yes No

First aid

Yes No

New and modified equipment

Yes No

Hazard identification/risk assessment

Yes No

Accident/incident investigation

Yes No

Supervisors/managers responsibilities

Yes No

New or revised standards or legislation

Yes No

Are written records held of the above?

Yes No

Safety and Health Management

9. Do you have an Occupational Safety & Health (OSH) Policy?

Yes No

If yes, how did you communicate this policy to your employees?

10. Do you have an OSH Coordinator?

Yes No

If yes, what are their qualifications, experience?

11. Do you have an OSH manual? Yes No
If yes, please attach or describe the contents.

12. Do you measure OSH and if so how? Yes No

13. What types of consultative processes has management implemented to address safety & health issues in the work place? Yes No

14. Do you have a Risk Register? Yes No

15. Do you carry out periodic risk assessments of Host Employer sites? Yes No

If yes, how often?

Injury Management

16. Does your business have an injury management policy in place? Yes No
If yes, can you please supply us with a copy of the policy.

17. Does your business have a Return to Work program? Yes No

18. If requested will you be able to provide us with a list of suitable duties available to an injured worker? Yes No

19. Do you have a dedicated Injury Manager to Coordinate these processes? Yes No

20. Do you have any agreements from Host Employers that will allow workers who sustain a work injury to complete a Return to Work program whilst on their site? Yes No

If yes, how many?

Contractual Arrangements

21. Do any of your contracts with Host Employers require you to obtain Principals Indemnity Cover? Yes No
If yes, please list Host Employer and Level of Coverage

Host Employer	Level of Coverage (\$M)

Signature

Position/Title

Date

KNOW NOW

How to return this form

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How to contact us

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