

Employers Indemnity Insurance Tasmania

Proposal Form

Important information – please read the following before completing this proposal.

This is an application for an Employers indemnity insurance policy for the Period of insurance set out in 1. below to be maintained in accordance with section 97 of the *Workers Rehabilitation and Compensation Act 1988* (Tasmania).

To complete the proposal for Employers Indemnity Insurance with Zurich

I understand that:

- (a) The responses provided to this proposal will form the basis of our underwriting of this quotation and therefore must not be misleading.
- (b) Please ensure you answer all questions in this questionnaire. If a question is not relevant to your business, please confirm this in your answer. Questionnaires returned incomplete may not be able to be processed.
- (c) If this proposal and its particulars are completed by anyone other than the employer, that person will be acting as the agent of the employer, not the insurer.

Privacy

Zurich is bound by the *Privacy Act 1988* (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the *Insurance Contracts Act 1984*, *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*, *Corporations Act 2001*, *Autonomous Sanctions Act 2011*, *A New Tax System (Goods and Services Tax) Act 1999* and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

All questions in this proposal form must be answered

1. Period of insurance

Period of insurance: From / / To / / at 4pm

2. Details of those proposed to be insured

Full name of employer applying for this insurance

Name

Trading name

ABN / ACN

Business description

Note: This must be the full legal name of the employer(s) of the workers in the business for which you seek this insurance. The employer must be one or more individuals, one or more proprietary limited (Pty Ltd) companies, or one or more public companies, but cannot be a trust, trading name or group.

In the questions below, 'you' means the employer described above.

Postal address _____ State _____ Postcode _____

Contact details

Business () Private ()

Mobile _____ Email _____

2 Details of those proposed to be insured (continued)

How long has the business for which you seek this insurance been operating?

In some circumstances you can be liable to the employees of your contractors and sub-contractors. Contractors and sub-contractors are individuals and partnerships (but not Pty Ltd or Ltd companies) whom you engage to perform work for the purposes of your trade or business, but who are not employees of yours.

(a) Do you expect to let contractors or sub-contractors to undertake any part of the work of your trade or business during the period of insurance? Yes No

(b) If so:

(i) Do you undertake to satisfy yourself on every occasion that the contractor or sub-contractor is independently insured against his / her full liability under the Act? Yes No

You must produce if required a Certificate of Currency from the contractor's or sub-contractor's insurer.

Do you have workers employed other than in connection with the business you want to insure? Yes No

If 'Yes', do you want them covered by the policy? Yes No

If 'Yes', include these workers' wages in Schedule A. How much are those wages?

Will any acids, gases, chemicals, explosives, radio active substances or any other hazardous materials be used or stored? Yes No

If 'Yes', which type and quantity?

Do you have an injury management program? Yes No

If 'Yes', who is the nominated injury management coordinator in your workplace?

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.

ANZSIC 06 code of employer's business activities*	ANZSIC 06 class description of employer's business activities*	Total number of workers / employees	Estimated total wages
			\$
			\$
			\$
			\$
			\$

* For further information to look up <https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-industrial-classification-anzsic/latest-release>

Working directors

For the purposes of this proposal, a "working director" is defined as a director of a company who:

1. Performs Work: Actively participates in the daily operations of the company (a company is a legal entity with a corporate structure).
2. Receives Payment: Is compensated for the work performed, such as through wages or salary.
3. Works Under a Contract of Service: Meets the definition of a worker as described in section 3 of the *Workers Rehabilitation and Compensation Act 1988* (Tasmania).

Name	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 & Materials			\$	\$
	<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 & Materials			\$	\$
	<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 & Materials			\$	\$
	<input type="checkbox"/> Labour, Plant & Materials			\$	\$

Special Acceptance Questions

Does your business engage in any labour hire, aerial, underground mining, overseas, offshore, 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"/>	
Asbestos Handling	<input type="checkbox"/>	
Overseas	<input type="checkbox"/>	
Crystalline silica handling/generation of respirable crystalline silica	<input type="checkbox"/>	

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

Have you held a policy of insurance for Workers Compensation in Tasmania at any time over the past five years.

Yes No

If 'Yes', please provide details:

Year	Name of insurer	Period of insurance
		To
		To
		To
		To
		To

What is the most recent policy number?

Expiry date / /

Have you had any workers' compensation claims in the past five years?

Yes No

If 'Yes', complete the following for each of the last five years and submit claims history on insurer letterhead

Year	Name of insurer	Number of claims	Total cost of claims
			\$
			\$
			\$
			\$
			\$

3. Declaration

I declare and warrant that all the above statements, together with particulars supplied in the Schedules which I have read over and checked, are true; that I have not suppressed, misrepresented, or misstated any material fact; that I have fairly estimated the employer's expenditure for remuneration (as defined) during the period of insurance proposed and the employer undertakes to keep a proper remuneration book in which the name and earnings of every worker of the employer shall be entered regularly; and

I further undertake to supply Zurich, within one month after the expiry of any period of insurance, with a correct account of all remuneration (as defined) paid or accrued, the number of workers engaged during the period of insurance and if the total amount so paid or the number of workers engaged differs from that upon which the premium was paid, the premium will be adjusted by a payment to Zurich or by a refund by us, as the case may be, subject always to Zurich's customary minimum premium, and I agree that this proposal and declaration shall, subject to the terms and conditions of the policy, be the basis of and incorporated in the contract of insurance.

Your signature x	Date / /
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