

Workers Compensation

Proposal

Penalties are provided under the Workers' Compensation and Injury Management Act 2023 (WA) (the Act) for failure to furnish a true and correct statement.

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

This is an application for a Workers Compensation insurance policy arising during the period mentioned, in respect of injury during that period, in the business mentioned.

The employer must complete an Declaration of Estimated Remuneration form for their business. For a clear definition of remuneration, refer to WorkCover WA Remuneration Guidelines.

I understand that:

- (a) The information given in this proposal will be the basis of the policy and therefore must not be misleading.
- (b) Questions not answered will be deemed to be answered in the negative.
- (c) If this proposal and particulars are filled in by any person other than the employer, that person will be the agent of the employer and not of the insurer.
- (d) Incomplete proposal forms will not be accepted as they cannot be processed.

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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

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 contracts or sub-contracts for 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 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 for which you seek this insurance? 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?

Note: Part 5 Division 1 - Injury Management Systems S73 and S74 of the Workers Compensation and Injury Management Regulations 2024 requires that the compulsory injury management system is described in writing and that it must include:

(a) a description of the steps the employer will take when an injury occurs at the employer's workplace; and

(b) details of the person who is to have the day to day responsibility for the injury management system, and how to contact that person.

Templates of an injury management system are provided at the WorkCover WA website: www.workcover.wa.gov.au.

For employers who are defined as working directors under section 16 of the Act do you wish to obtain cover for liability to your working directors? Yes No

The policy provides limited cover for damages (ie. \$50,000,000 per event regardless of how many workers are injured in that event). Do you require this to be extended? (an extra premium applies) Yes No

Which workers' compensation insurers have covered you in the last five years?

| Year | Name of insurer | Period of insurance |
|------|-----------------|---------------------|
| | | 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 |
|------|-----------------|------------------|----------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

2. Details of those proposed to be insured (continued)

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 | Date |
| X | / / |

3. Estimated total remuneration

Enter the Estimated total remuneration in the sections below for each type of worker that you employed or engaged during the policy period.

Add additional rows if necessary or provide an attachment.

Refer to the *WorkCover WA Remuneration Guidelines* for the meaning given to 'remuneration' and what payment types are included and excluded.

3.1 General workers/employees

Provide the estimated total remuneration payable to your general workers / employees including fulltime, part time and casual workers, and apprentices. Do not include working directors or contractors / subcontractors as you will declare these types of workers separately on this form.

See **Important Information** for more information on general workers / employees.

| PRC code of employer's business activities* | PRC class description of employer's business activities* | Total number of workers / employees | Estimated total remuneration |
|---|--|-------------------------------------|------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

*Refer to the *WorkCover WA Industry Classification Order* for premium rating classes and codes (PRCs) that apply to an employer's business activities

3.2 Working directors

Provide details of all working directors covered under the policy and the Estimated total remuneration paid to each working director listed.

See **Important Information** for more information on working directors.

| Full name of working director | Type of work performed | Estimated total remuneration |
|-------------------------------|------------------------|------------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

3.3 Contractors / subcontractors

Provide the estimated total remuneration paid or payable and/or total contract value for contractors / subcontractors that are, or are deemed to be, your workers under the Act.

See **Important Information** for more information on contractors / subcontractors.

| Type of contract | Description of work performed by contractor / subcontractor | Total number of workers | Estimated total remuneration (if known) | Total contract value |
|--|---|-------------------------|---|----------------------|
| <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 | | | \$ | \$ |

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