



# Employers' indemnity insurance

## General excluding Private Householders

I/We hereby request that Zurich Australian Insurance Limited (Zurich) will issue to me/us in respect of the business specified below a policy of insurance indemnifying me/us and such other persons which require to be indemnified, in respect of the liabilities referred to in Section 97 of the Workers Compensation Act 1988 and I/we undertake to pay to Zurich all such premium or premiums, as may be imposed by Zurich consequential upon any material alteration in the nature or the extent of the risk hereby insured or in consequence of any amendment of the Act referred to herein, during the currency of the indemnity granted by this Policy or any renewal thereof.

### 1 Period of insurance

Period of insurance: From / / To / / at 4pm  
afternoon of the last day of any subsequent period in respect of which there shall have been paid to and accepted by Zurich the sum required for the continuation of the insurance.

ANZSIC	AZIC	Policy number

### 3 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](http://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.

### 4 Details

Name of employer in full  
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Phone number ABN  
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Address State Postcode  
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State fully Employer's business in respect of which the Policy is required  
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Situation at and from which the business is carried on  
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Do you use machinery? Yes  No

If 'Yes', give description and state motive power used  
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**4 Details (continued)**

State what acids, gases, chemicals or explosives are used

Are any radioactive materials used, stored, handled or transported? Yes  No

Are any members of your family or household or any other relatives employed in the business? Yes  No

If 'Yes', give particulars

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Have you at the present time any worker who, to your knowledge, is suffering from any injury sustained in the course of employment? Yes  No

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In respect of your liability as an Employer:

(i) have you previously effected insurance? Yes  No

If "Yes", with whom?

(ii) has any insurer permitted withdrawal of or declined any Proposal? Yes  No

(iii) has any insurer cancelled or refused to renew a Policy? Yes  No

If 'Yes', which insurer and what reasons were given?

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Do you expect to let contracts for any part of the work of your trade or business? Yes  No

If such contracts are let:-

Do you undertake to satisfy yourself on every occasion that the contractor is insured against his full liability under the Workers' Compensation Act? Yes  No

If 'Yes', to ensure protection you must obtain a certificate of indemnity from the Contractor's insurer.

WARNING: See Section 29 of Workers Compensation Act.

State the total number of workers employed as at the 30th June immediately preceeding the date of the application for the policy of insurance.

Do you have an Occupational Health & Safety Program and Return to Work Program Yes  No

State total amount paid by you as Wages/Salaries during the past twelve months, which means: wages, salaries, bonuses, commissions, holiday pay, sickness and long service leave, the value of board and lodging and all other forms of remunerations paid.

\$

Please supply details of all claims in last 5 years

.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

Please give number of cases of injury to your Employees by accident during the past 3 years. Number

What is your normal recognised pay day for your Employees and how frequently are they paid?

Day Frequency

Do you have prospective employees undergo pre-Employment medical examinations? Yes  No

If 'Yes', are these conducted by a medical practitioner nominated by Employer? Yes  No

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## 5 Declaration

I/We hereby declare and warrant that all the above statements together with particulars supplied in the Schedule on the back hereof, which I/we have read over and checked, are true; that I/we have not suppressed, misrepresented or misstated any material fact; that I/we have fairly estimated my/our total wages, salaries and other relevant expenditure. I/We agree that the name of every person to be included in the indemnity together with the amount of wages or salary and other earnings paid or allowed to him shall be entered regularly a proper wages record, and such wages record shall be submitted to the inspection of Zurich or of an Officer duly authorised by it whenever required for the purpose of verifying the total amount paid or the correctness of a claim. I/We agree to supply to Zurich at the expiration of the term for which the Policy is issued and any renewal thereof, a correct statement of all wages, salaries, and other earnings paid or allowed, and the number of persons employed, during the term. I/We agree that this Proposal, Declaration and Agreement (which includes anything written or printed on the back hereof) shall be the basis of the contract between me/us and Zurich, and I/we agree to accept the policy issued by Zurich subject to the terms, conditions and memoranda contained herein, endorsed hereon or attached hereto, and I/we hereby acknowledge that I/we have read and understand the terms of this Proposal.

Signature

Date

X

/ /

If this Proposal is filled in by any person other than the Proponent such person(s) shall be deemed the Agent of the Proponent and not Zurich. Only the official receipts issued from the Office of Zurich, and on its printed forms, are binding on Zurich.

## 6 Schedule

Classification of all persons employed in the business and the Estimated Amount of GROSS EARNINGS to be paid to them during the period of Insurance.

'WAGES / SALARIES' means:

Wages, salaries, bonuses, commissions, holiday pay, sickness and long service leave, the value of board and lodging and all other forms of remunerations paid.

Classification	No. of workers		Time worked (in hours) by casual workers per week	Gross Wages of Workers	Rate per cent	Premium	ANZSIC Code
	Permanent	Casual					
Employees							

Details of Contractors / Sub-Contractors (refer to requirement of Section 29 of the Act)

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## Zurich use only

Agent/Broker

Account No.

Cash receipt No.

Amount Paid \$

Policy to

Notices to

Cover Note No.

Replacing Policy No.

Due

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Lapsed/Cancelled

Proposal checked by

Date

/

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Proposal passed by

Date

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Policy and Input typed by

Date

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Policy checked by

Date

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Policy despatched Date / /