



Employers Workers' Compensation

Penalties are provided under the Workers' Compensation and Injury Management Act 1981 (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 an insurance policy to cover employers' liability (both for workers' compensation and common law negligence) arising during the period mentioned, in respect of injury during that period, in the business mentioned.

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) 'Wages' means all gross wages, salaries, remuneration, commissions, bonuses, overtime, shift and other allowances, directors fees and all other benefits paid (whether at piece work rates or otherwise, and whether paid in cash or in kind) to or in relation to a worker before deduction of income tax.
- (e) 'Wages' does not include: termination payments, retirement pay, retrenchment pay in lieu of notice, levied superannuation payments, pensions, golden handshakes, and weekly payments of compensation made to injured workers.
- (f) Incomplete proposal forms will not be accepted as they cannot be processed.

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.

Avoidance arrangements

Section 175AA of the Act prohibits an employer from avoiding compensation obligations by contriving to have his / her workers form their own companies, and engaging the companies instead of the workers (penalty: \$2,000).

This will occur if the employer 'intimated' (ie. implied) that the employer was unwilling to have the same work done by the worker. Alternatively, this will occur if, before the 'avoidance arrangement', the worker was a worker of the employer direct.

In an avoidance arrangement, the Act makes the employer continue to be liable for the worker's compensation claim, and also:

- relieves the worker's company of liability both to the worker and the employer; and
- allows the employer's insurer to recover the cost of the claim from the employer.

Avoidance arrangements may also have the effect that both the employer and the worker's company have no insurance for a common law negligence claim by the worker.

Office use only

Policy Endorsements and Extensions

WCN

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Broker / Agency

Cover Note number

Account number	Cash receipt number	Amount paid
		\$

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

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 () Fax ()

Mobile Email

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.

(ii) In any case, you are required to complete Schedule C.

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?

What work do these workers do?

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?

2 Details of those proposed to be insured (continued)

Note: Part 2 of the Workers' Compensation Code of Practice (Injury Management) 2005 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 other than corporations, do you employ any member of your family who resides in your house? Yes No

If 'Yes', their names, occupations and estimated wages must be disclosed in Schedule B.

For employers who are Pty Ltd companies do you wish to obtain cover for liability to your working directors? Yes No

If 'Yes', their details must be disclosed in Schedule B.

The policy provides limited common law cover (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
		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

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

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 wages (as defined) during the period of insurance proposed and the employer undertakes to keep a proper wages 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 wages (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	/ /

Schedule A

Schedule of estimated wages to be paid to the employees in the business for which you seek this insurance for the period stated in Section 1 (excluding members of the employer’s family, dwelling in their house and working directors, for whom Schedule B must be completed).

Note: You will not be covered by this policy for a claim by a worker who was injured outside of any businesses described below.

Details of all businesses for which you seek this insurance

Business 1			Estimated wages	
Trading name	Address	Type of business	'Wages' as defined	Number employed

Business 2			Estimated wages	
Trading name	Address	Type of business	'Wages' as defined	Number employed

Business 3			Estimated wages	
Trading name	Address	Type of business	'Wages' as defined	Number employed

Schedule B

Schedule of:

- A. (in the case of employers other than Pty Ltd companies) members of individual employer's family dwelling in the employer's house; and
- B. (in the case of employers that are non-public companies (other than sole traders and partnerships)) company directors.

A. Family members

Members of the employer's family dwelling in the employer's house and who are direct employees must be named separately and the type of work performed declared below. Individual figures must be shown for each person and they are not to be included in Schedule A.

Note: Any member of the employer's family dwelling in the employer's house who is not mentioned immediately below, will not be covered by this insurance.

Name	Age	Occupation	Relationship to applicant	Estimated wages	Location number
				\$	
				\$	
				\$	
				\$	
				\$	

B. Working directors of non-public companies (other than sole traders and partnerships)

1. A director will not be covered by this insurance unless he / she is a 'working director' (see below) of a non-public company and his / her earnings are accurately disclosed below.
2. A 'working director' is a director who:
 - (a) executes work for his / her company; and
 - (b) whose earnings (whether by cash, fringe benefits or other non-cash benefits) are for the director's personal manual labour or services.
3. Zurich will try to ascertain whether a director satisfies the above definition, but in issuing a policy does not confirm that the director does satisfy the definition.

Note: Usually, the amount of the weekly payments which an injured director will receive is the amount declared by the director as his / her earnings below. It is therefore in the director's interests to make a full disclosure of the earnings.

To assist Zurich to form an opinion as to whether the director is eligible to be covered, and for how much, please advise:

(a) Does the director execute work on behalf of the company? Yes No

(b) If 'Yes', what is the nature of it?

(c) Is the director paid by reference to that work? (disregard profit distribution such as dividends and trust distributions). Yes No

(d) In what forms does the director receive financial benefits from the company? (eg. cash, payment of children's school fees, vehicles, meals, electrical equipment, accommodation).

(e) How much does the director receive in cash from the company per month? (disregard profit distributions such as dividends, trust distributions and contributions under the Superannuation Guarantee (Administration) Act 1992).

(f) What is the value of the non-cash benefits received by the director from the company per annum?

Schedule of working directors to be noted on the policy.

Name	Occupation	Estimated wages
		\$
		\$
		\$
		\$
		\$

Note: Any working director, who is not declared above, will not be covered by this insurance.

Schedule C

Contractors and sub-contractors

1. 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?

If you do, you must produce a Certificate of Currency from the contractor's or sub-contractor's insurer. Yes No

(ii) In any case, you are required to complete Schedule C.

Type of work performed	Estimated remuneration from _____ to _____			
	(a) Labour only supplied	(b) Labour & plant supplied	(c) Labour & materials supplied	(d) Labour, plant & materials supplied
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$