

Application for a WorkCover Insurance Policy

An employer must obtain and keep in force a WorkCover insurance policy unless the employer has reasonable grounds for believing that the total rateable remuneration it will be liable to pay during the financial year is \$7,500 or less.

However, any employer which employs an apprentice under an approved training scheme must obtain and keep in force a WorkCover insurance policy irrespective of the amount of rateable remuneration it pays.

If an employer changes its legal status (eg the partners change or the business changes from a partnership to a company) it becomes a new legal entity and thus a new employer and must obtain a new WorkCover insurance policy immediately.

Failure to obtain a WorkCover insurance policy when required can result in severe penalties being imposed.

Allianz can arrange immediate protection by issuing a cover note. A cover note provides coverage subject to the completion and lodgement of this form within 30 days. If you require a cover note, please telephone Allianz on (03) 9234 3757 or 1800 240 335 (Victoria only).

- ★ Has a cover note been issued in respect of this application? Yes ☐ No ☐
If Yes, What is the number of that cover note? _____
Date of Issue _____
- ★ Please nominate which Allianz office you wish to manage your Workers' Compensation business.
- ★ (Place an "x" in the relevant box): Melbourne ☐ Bendigo ☐ Geelong ☐ Moe ☐
- ★ **Name of Accountant, Agent or Broker who assisted/advised re WorkCover**

- Accountant, Agent or Broker's telephone number** _____

Return address

Please complete the form in BLOCK LETTERS and place an ☒ in the relevant boxes (where applicable). Mail your completed form to Allianz Australia Workers' Compensation (Victoria) Limited, G.P.O. Box 80A, Melbourne VIC 3001.

Help

For assistance in filling out this form or information about WorkCover, telephone Allianz on (03) 9234 3757 or contact your nearest Allianz office (see back page for country locations). Brochures and information are also available on the Victorian WorkCover Authority website at www.workcover.vic.gov.au

Please note:

If you currently hold a WorkCover insurance policy and your employer or workplace details have changed, please contact Allianz immediately to discuss your notification requirements.

1. Employer Details

I HEREBY NOMINATE - Allianz Australia Workers' Compensation
(Victoria) Limited as my WorkCover agent

Policy effective date (office use only)

a. Legal status of employer

What is your legal status? Place an ☒ in the appropriate box.

Sole proprietor ☐

Partnership ☐

Trustee ☐

Company (registered
under Corporations Act) ☐

Co-operative, welfare or
charitable organisation ☐

Other (please specify)

Australian Company Number – if applicable

(Please include copy of certificate of registration)

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b. Legal name of employer

Complete in BLOCK LETTERS the full name of the person, persons or entities in partnership, company, trustee of the trust etc, which is the employer.

A trust does not have the legal capacity to employ. Please state the name of the trustee (the employer) at part (b) and state the name of the trust to which the trustee is appointed at part (c).

c. Name of the trust (if applicable)

d. Registered business or trading name of the employer (if applicable)

e. Employer postal address (address only – do not repeat name)

Give the address which will be the most effective for you to receive correspondence, notices and invoices.

Town/Suburb					Postcode				

f. GST details

Have you registered for GST?

Yes ☐ No ☐

Place an ☒ in the relevant box

If yes, please record the following details:

Date of registration with Australian Tax Office

Australian Business Number

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Input Tax Credit Entitlement

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If you have not registered for GST
do you intend to register?

Yes ☐ No ☐

If yes, please ensure you provide your GST details to Allianz immediately upon receipt of this information from the Australian Tax Office.

g. WorkCover Insurance Requirement

Under Victorian legislation, you are required to hold a WorkCover Insurance Policy with effect from:

The earliest date you enter into an apprenticeship agreement under an approved training scheme; or

Having entered into a contract with a worker, (including being employed by your own company) the earliest date during a financial year it was reasonable for you to **foresee** a liability to pay more than \$7,500 remuneration during that year.

Whichever is earlier.

All employers please note:

Remuneration should only be included in part 4E of this form for workers covered by WorkCover (eg an employee or a contractor deemed to be a worker).

If you are a sole proprietor, partner or an unincorporated trustee, you are not covered by WorkCover unless employed or deemed to be employed by another party.

However, most members of an incorporated entity governing body (eg working directors) are covered by WorkCover.

Apprentices

While apprentices engaged under an approved training scheme are covered by WorkCover, payments made to apprentices should not be included in remuneration. Special rules apply if an apprentice has been previously employed.

Place an ☒ in the box if you employ apprentices ☐

What is the earliest date you have or will enter into a contract with a worker, or an agreement with an apprentice.

h. Buy-out option

You are responsible for paying the first 10 days of weekly benefits and the first \$440 (indexed annually) from July 1 2000 of medical expenses incurred by an injured worker. You can be exempted from these payments by taking up the Buy-out option and paying an additional 25% of your annual premium.

Place an ☒ in the box if you wish to take up this option ☐

2. Contact Name

Name the person in your business who will deal with WorkCover queries for you.

Name

Position

Telephone

Fax

Email address

3. Workplace details

A **workplace** is an area occupied by you where your workers work or pass through in the course of their employment. If you have a workforce which works at different sites which are not occupied or controlled by you (eg a premises you have been contracted to clean or a temporary building site), your **workplace** is the place from which your workforce is controlled (eg the office). If in doubt about the definition of a workplace, please contact Allianz.

Number of workplaces

For how many workplaces are you providing details?

More than one workplace

If you have more than one workplace, please complete details using page 4 of this form.

One workplace only

If you have only one workplace, do not complete page 4.

This section is to be completed only by employers with more than one workplace. Obtain or make copies of this page if space is needed for further workplaces and attach to this form.

a. Business or operating name of the workplace you are registering (if applicable)

Give full details of the address (level, street etc.) where the workplace is located. Do not give a post office box or mail bag as the address.

What is the date that workers commenced operations at or began to be managed from this workplace?

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In the space provided please describe your business operations and activities carried on and controlled from this workplace (attach supplementary documentation if you wish). Include references to:

1. the **main** type of goods produced or services provided by your workplace
2. how these goods and services are produced or provided
3. who receives these goods and services

This information will be used to identify your predominant activity so the most appropriate industry classification can be used in your premium calculation. Please contact Allianz if you require assistance to complete these details.

[illegible]

(Office use only)

For more information on what to include in remuneration, please contact Allianz and ask for the brochure "What is remuneration?" This brochure is also available on the Victorian WorkCover Authority website at www.workcover.vic.gov.au

Estimate the remuneration (salaries, wages, allowances, directors fees, contractor payments etc. but excluding apprentices engaged under an approved scheme) expected to be paid for workers at this workplace (whole dollars only)

Whole dollars

\$

Estimate the superannuation expected to be paid for workers at this workplace (whole dollars only)

Whole dollars

\$

Estimate the remuneration expected to be paid for workers at this workplace (whole dollars only)

Whole dollars

\$

Estimate the superannuation expected to be paid for workers at this workplace (whole dollars only)

Whole dollars

\$

How many full-time workers are employed at this workplace?

Page 10

How many part-time workers are employed at this workplace?

Page 10

How many apprentices are employed at this workplace?

If you are registering as a result of a change of legal entity or a takeover, purchase, relocation or reorganisation of another workplace or workplaces (whether or not it is the same legal employer) and the business operations carried on and controlled from the workplace remain substantially the same, succession may be applicable.

If succession is applied to the workplace you are registering, the experience of the previous workplace will be included in the calculation of your premium.

Are you registering this workplace as a result of a change in legal entity takeover, purchase, relocation or reorganisation of another workplace or workplaces.

(Place an **X** in the relevant box)

Yes ☐No ☐

If yes, please complete the following additional details

Previous name of business/employer *(Please describe your relationship with this party, if any).*

WorkCover employer number(s)

Workplace number(s)

Bendigo	1/59 King Street 3550	Phone: 13 2664
Geelong	107 Gheringhap Street 3220	Phone: 13 2664
Moe	46 Haigh Street 3825	Phone: 13 2664