



Workers compensation insurance

Application

Workers compensation insurance

Please complete this application carefully to ensure that it meets your needs.

How to complete this form

1. Read the important notices on page 1.
2. Complete **all** questions on pages 5 to 9.
3. If there is insufficient space to answer any question, please attach a separate sheet.
4. Sign the declaration on page 11.

General information

Use this application form if you have workers working in NSW, Western Australia, Tasmania or Australian Capital Territory. If you have workers working in more than one State/Territory please complete a separate application form for each State/Territory. If you require cover for Victoria, South Australia or the Northern Territory, or if you wish to apply for workers compensation for domestic or similar workers then a different form must be completed, please contact your nearest GIO office.

Workers compensation insurance is compulsory throughout Australia. You must have workers compensation insurance in every State/Territory where you may have workers.

The following notes are a guide only. If you need more help to complete this application please call your nearest GIO office.

Important notices

The general information provided in this guide should not be regarded as a substitute for obtaining professional advice on your workers compensation or other insurance requirements. It is important to note that workers compensation legislation is frequently amended.

1. Business numbers

Australian Company Number (ACN)

An ACN is issued to any company registered with the Australian Securities and Investment Commission.

Australian Registered Business Number (ARBN)

An ARBN is issued to any business other than companies registered with the Australian Securities and Investment Commission.

WorkCover Number (WCN)

In Western Australia every employer must register with WorkCover for a unique workcover number.

Australian Business Number (ABN)

An ABN is issued by the Australian Taxation Office. You must have an ABN to register for GST purposes, however, the issue of an ABN does not automatically mean you are registered to claim GST input tax credits.

Australian and New Zealand Standard Industrial Classification (ANZSIC)

The ANZSIC classification is a system that has been established as a standard of classifying employer activity by the Australian Bureau of Statistics and the New Zealand Department of Statistics. ANZSIC codes are assigned by the insurer, or in some cases by the State's Workers Compensation regulator.

GST

The Federal Government's Goods and Services Tax (GST) legislation is effective from 1 July 2000. The GST is a 10% tax that is added to the price of most goods and services including Workers Compensation insurance. Under the GST legislation, insurance companies including GIO, will collect this tax from their customers and remit it to the Australian Taxation Office.

Businesses and non-profit organisations may be able to claim an input tax credit from the Australian Taxation Office for the GST they have paid. To be able to claim an input tax credit, businesses and non-profit organisations must be registered for GST purposes with the Australian Taxation Office.

If you are a registered business or non-profit organisation you must inform GIO of the extent to which you are entitled to Input Tax Credits on your insurance premium. This advice is required prior to the commencement of each period of insurance or when you have a claim. However, if you do not provide this information it will be assumed that you are registered and that you are entitled to claim 100% of the GST paid on your premium as an Input Tax Credit. This may result in a higher premium being charged.

2. Definitions of wages

Wages declared in this application will be used to calculate your premium.

As the workers compensation legislation is different in each State/Territory please refer to the appropriate definition of wages before declaring the estimated 'wages' for your business.

'Wages' is the total gross earnings of your workers before you deduct tax.

Generally it includes salary, overtime, shift and other allowances, bonuses, over-award payments, commissions, payments for public and annual holidays (and loadings), payments to working directors, sick leave payments, the value of board and lodging you provide for the workers and any other money or anything worth money, given to workers under their employment or work contracts.

For Tasmania make sure you count salary sacrifice amounts for voluntary superannuation contributions or third party remuneration eg. directors' fees, school fees and car allowances that are part of the workers' taxable income.

3. Do not count as 'wages'

New South Wales

- ◆ amounts payable to a trainee under the Australian Trainee-ship System;
- ◆ amounts you have been accustomed to pay to workers to cover any special expenses incurred by the worker because of the nature of the employment;
- ◆ allowances to reimburse costs arising out of obligations incurred under a contract;
- ◆ amounts you spend on behalf of the worker;
- ◆ director's fees;
- ◆ weekly workers compensation payments;
- ◆ payment on account of long service leave and lump sum payments instead of long service leave;
- ◆ any GST component in a payment to a worker.

Australian Capital Territory

- ◆ amounts you have been accustomed to pay to workers to cover any special expenses incurred by the worker because of the nature of the employment;
- ◆ allowances to reimburse costs arising out of obligations incurred under a contract;
- ◆ amounts you spend on behalf of the worker;
- ◆ director's fees;
- ◆ weekly workers compensation payments;
- ◆ payment on account of long service leave and lump sum payments instead of long service leave.

Western Australia

- ◆ termination payments, retirement pay, retrenchment pay in lieu of notice, superannuation payment(s) – pensions, 'golden handshakes';
- ◆ weekly workers compensation payments.

Tasmania

- ◆ weekly workers compensation payments;
- ◆ termination payments;
- ◆ ex gratia payments, entertainment allowance, unless subject to FBT, other fringe benefits (except as noted in the definition of wages above);
- ◆ long service payments

4. Who is a worker?

'Workers' include apprentices, working directors of the company, pieceworkers, family members engaged in the business and in certain cases, contractors (see below).

Note: in Western Australia coverage of working director is optional but if cover is required such working directors must be named on the application form and their income included.

5. Do not count as a 'worker':

All States and Australian Capital Territory

- ◆ someone who is a casual employee and employed otherwise than for the purposes of your trade or business. In NSW you are not a casual employee if you work more than 1 period of 5 working days.

New South Wales

- ◆ an officer of a religious or other voluntary association employed on duties for the association outside the officer's ordinary working hours, so far as the employment on those duties is concerned, if the officer's remuneration from the association is no more than \$700 a year;
- ◆ a registered player of a sporting organisation whilst covered by the Sporting Injuries Insurance Act 1978 (NSW).

Tasmania

- ◆ outworkers;
- ◆ fishing boat crew on a profit share.

Western Australia

- ◆ fishing boat crew who contribute to the cost and are remunerated by profit share.

6. Contractors

Workers compensation insurance is also compulsory for contractors that the legislation deems to be your workers and contractors who are in fact your workers. You must include as wages the full value of the contracts (we will then make an adjustment to calculate the wage component for premium calculation purposes).

Count as a worker all contractors you have unless they are true independent contractors. These could include, depending on the terms of their engagement:

- ◆ an incorporated company or partnership;
- ◆ a sole trader who employs others or sublets the contract;
- ◆ a sole trader who is operating an independent business in either his/her own name, business name or firm name where the contracted work is usual to the trade or business (eg. an electrician contracted to do electrical work) carried on by the contractor.

Generally, contractors engaged in rural work are also deemed to be workers (defined on the application form as type C contractors). 'Rural work' includes timber supplying, felling or ringbarking trees, cutting scrub, hauling or loading timber, land clearing, sugar cane cutting, loading and transporting and fence erecting or demolishing.

You need to provide the following information for each contractor:

- ◆ description of work;
- ◆ type of contract
(type 1, 2, 3 or 4 as set out on the application form);
- ◆ type of contractor
(type A, B or C as set out on the application form);
- ◆ estimate of number of workers;
- ◆ estimate of the total contract value.

7. Claims excess

NSW NSW workers compensation insurance has a standard \$500 excess on each claim involving time away from work. This means that employers have to pay the first \$500 for any weekly compensation paid to an injured worker. If you are a Category B employer (with an annual basic tariff premium of \$3,000 or less) you can avoid this excess by simply paying what is known as an 'excess deletion surcharge' as part of your premium. GIO automatically includes this surcharge in your premium unless asked not to.

ACT No excess.

WA No excess.

TAS The excess is equivalent to the first 5 working days (the period of 5 working days may be increased for up to 30 working days) in respect of each injury plus the first \$200 of any other benefits.

8. Common law cover

NSW, ACT, TAS ◆ Unlimited.

WA ◆ Limited \$50,000,000 and can be increased for extra premium.

◆ Principals indemnity cover can also be extended for extra premium.

◆ This policy does not cover you for liability if you are entitled to be indemnified for that liability by another party. This does not include an indemnity under another insurance policy, unless the other insurance policy is one that the law says that you must have.

Contents

| | |
|-----------|---|
| 1 | Important notices |
| 5 | Workers compensation insurance application |
| 5 | Employer details |
| 9 | General questions |
| 10 | Privacy statement |
| 11 | Declaration and signature |

Workers compensation insurance application

Policy number

Representative Name

Reference Number

Note 1: The General Information will assist you in completing this proposal. Please read it carefully before completing this form.

Note 2: Please answer all questions. If there is insufficient space for any answer please attach a separate sheet. Complete Yes/No boxes with a tick ☒ as appropriate.

I/We hereby request GIO General Ltd
ABN 22 002 861 583 or in the case of NSW,
GIO Workers Compensation (NSW) Limited
ABN 79 054 523 698 to issue to me/us a policy to
provide indemnity under the relevant workers
compensation legislation in respect of liability arising
from my/our trade or business as described in this
proposal form.

**Please nominate the State/Territory for which cover
is required by ticking the appropriate box. You will**

**need to fill in a separate proposal form for each
State/Territory you wish to insure for. If you require
cover for Victoria, South Australia, or Northern
Territory please contact your nearest GIO office.**

- ☐ New South Wales (Workplace Injury
Management and Workers Compensation Act
1998; Workers Compensation Act 1987)
- ☐ Australian Capital Territory (Workers'
Compensation Act 1951)
- ☐ Western Australia (Workers' Compensation
and Rehabilitation Act 1981)
- ☐ Tasmania (Workers Rehabilitation and
Compensation Act 1988)

Employer details

- ☐ **Registered Company:** eg. a Pty Ltd Company - show full name as listed on certificate of incorporation
- ☐ **Sole Proprietor:** show surname followed by first names
- ☐ **Partnership:** show the full name of each partner, surname followed by first names
- ☐ **Trust:** show the full name of each trustee as well as the name of the Trust
- ☐ **Other than any of the above:** (eg. club, school, association, etc.) show the full name.

Name of Company/Sole Proprietor/Partnership/Trust/Other

ACN

Business trading name (if applicable)

Is this Trade Name registered?

Yes

☐

(supply ARBN below)

No

☐

Australian Registered Business
Number (ARBN) (if applicable)

Workcover Number
(WCN) (WA only)

Australian Business Number
(ABN) (if applicable)

W C

Employer's Postal Address

Principal Office (where the majority of employees are engaged)

Contact name

Position/Title

Business phone

Fax number

E-mail address

Mobile

Supplementary Details

Note: If you are a: Registered Company – provide name of managing director or senior director; Trust – provide names of current trustees; Body Corporate/Owners Corporation/Association – provide name of appointed secretary; Family Members/Directors – provide name and address of family members and/or working directors working in the business.

| |
|--|
| |
| |
| |

Period of insurance requested

The period of insurance: is usually for 12 months; cannot be greater than 12 months; cannot be backdated. For Tasmania you can choose a period less or greater than 12 months (if we agree) so that your renewal date falls at the most convenient time (eg. your accounting year end).

From / / to 4:00pm / /

Do you expect to hire sub-contractors and/or outworkers that you are liable to cover? Yes ☐ No ☐

How many years have you, or any entity which you have taken over or been taken over by, had continuous insurance in respect of the business for which cover is required? years

GST details

Are you registered for GST purposes? Yes ☐ No ☐

If you are registered for GST purposes:

(a) Please ensure you have supplied your Australian Business Number (ABN) on page 5.

(b) Please advise your percentage entitlement to input tax credits on your insurance premium %

Related corporations

Note 1: Complete this section only if the insurance is required in respect of a registered company, or a trust with a registered company as a trustee.

Note 2: List any related corporation (eg. a holding company, a subsidiary, a corporation which is directly or indirectly controlled by or controls this corporation, a corporation which is a subsidiary of the holding company of this corporation or controlled by the owners of this corporation) operating within the same state. If you have more than 2 related companies, please attach a separate sheet.

| | |
|----------------------------------|----------------------|
| (i) Name of Related Corporation | ACN/ARBN |
| <input type="text"/> | <input type="text"/> |
| Name of Insurer | Policy Number |
| <input type="text"/> | <input type="text"/> |
| (ii) Name of Related Corporation | ACN/ABN/ARBN |
| <input type="text"/> | <input type="text"/> |
| Name of Insurer | Policy Number |
| <input type="text"/> | <input type="text"/> |

Business details

Note 1: Please read the General Information before completing this section.

Business Description

Supply the ANZSIC WIC Code (if known), and business description of your principal business or industrial activity (this is the business or industrial activity which contributes the most to your annual turnover).

ANZSIC WIC Code (if known)

Specific Description eg. Retail Sporting Goods Shop

Please provide a full description of your business including, as applicable, your industry, the services you provide, the products or goods you produce or handle, the activities you undertake, the processes you use, the materials, tools of trade or equipment you use, and specific trade licences required to carry out your work, product brochures etc. If you have more than one business please supply details of each (use a separate sheet if necessary).

Expected Wages of all Workers (other than Family Members/Working Directors, Contractors or Outworkers)

For Workers engaged as Taxi Drivers, Jockeys and Boxers supply number of shifts, rides, bouts instead of wages. For NSW Taxi Drivers and/or Hire Cars supply number of T plate, TC plate or plate instead of shifts or wages. For ACT and WA supply wages for all workers (ie. shifts are not relevant).

For each business/industrial activity provide:

| Suburb & Postcode | Number of workers | | Estimated (Est.) gross total wages |
|-------------------|-------------------|--------|---------------------------------------|
| | Permanent | Casual | |
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |

Workers Handling Asbestos

(Although included in the figures above, please specify separately here)

Workers Handling Asbestos:

No. of workers

Estimated gross total wages

Name of Family Members/Working Directors (as per notes)

| Name of family members/ working directors | Relationship to employer | Occupation | Estimated gross total wages |
|--|-----------------------------|------------|--------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Contractors

| Description of work expected to be performed by contractors | Type of contract 1, 2, 3 or 4 (see below) | Type of contract A, B or C (see below) | Estimated total value of contracts |
|---|--|---|---------------------------------------|
| | | | |
| | | | |
| | | | |

Type of Contract:

1. Labour only 3. Labour & Plant
2. Labour & Hand Tools 4. Labour, Plant & materials

Type of Contractor:

- A. Contractors who are in fact workers
B. Contractors who are deemed to be workers
C. Rural contracts (fencing, tree felling etc)

Outworkers (NSW & ACT only)

Note: Outworkers perform work on articles/materials supplied by the employer at premises not controlled by the employer.

| Description of work expected to be performed by outworkers | Estimated number of outworkers | Estimated total value of outworkers |
|--|-----------------------------------|--|
| | | |
| | | |
| | | |
| | | |

Insurance history

Has your business been transferred from another state? Yes ☐ No ☐

Has your business been insured for workers compensation during the past 4 years? Yes ☐ No ☐

Has your business been transferred or purchased from another entity within the last 4 years? Yes ☐ No ☐

If 'yes' to any of the above, please complete the following tables:

Claims History

| Year | Period of cover | Total wages paid | Insurer | Policy No. | No. of claims | Total cost of claims |
|-------------|--------------------|---------------------|---------|------------|---------------|-------------------------|
| Last year | | | | | | |
| 2 years ago | | | | | | |
| 3 years ago | | | | | | |
| 4 years ago | | | | | | |

Major Claims

Please provide details of all claims which exceeded \$50,000 during the past 4 years.

| Date of claim | Total cost of claim | Cause of claim |
|--------------------|---------------------|----------------|
| ____ / ____ / ____ | | |
| ____ / ____ / ____ | | |
| ____ / ____ / ____ | | |
| ____ / ____ / ____ | | |

General questions

- (a) Do you have a documented occupational health and safety (OH & S) policy and/or safety procedures? Yes ☐ No ☐
- (b) Do you engage temporary/part-time/casual or seasonal workers?
Regularly – more than once a month ☐ Sometimes ☐ Never ☐
- (c) Do you insist on evidence of workers compensation insurance from contractors?
No ☐ Only some contractors ☐ All contractors ☐ I/We do not engage contractors ☐
- (d) Do you conduct job training and/or safety training? Yes ☐ No ☐
- (e) Do you conduct pre-employment medicals? Yes ☐ No ☐
- (f) Do you have an injury management program in place? Yes ☐ No ☐
- (g) How long has the business operated in the state for which cover is required?
0-4 years ☐ 5-8 years ☐ 8 plus years ☐
- (h) Are suitable alternative duties available for return to work programs? Yes ☐ No ☐
- Premium discount scheme – NSW only
- Are you currently enrolled in the NSW Premium Discount Scheme? Yes ☐ No ☐
 - If 'Yes' please supply your PDA number and your current premium discount verification form PDA number

Privacy statement

GIO General Limited is a Suncorp Metway company.

Suncorp Metway is an Allfinanz group offering many different categories of financial products and services in banking, insurance, investments, and advice on financial services.

We need to collect personal information from our customers so we can:

- ◆ set up and administer a product for the customer;
- ◆ determine a customer's requirements and provide the appropriate product or service;
- ◆ assess a claim made by a customer under one or more of our products;
- ◆ assess our customers and their needs;
- ◆ improve our financial products and services.

Without this information, we cannot provide the product or service.

Protecting the privacy of our customers is a key part of our normal operations.

As one of a number of companies that form the Suncorp Metway group, we provide personal information about a customer to all the related companies within this group. We do not disclose personal information to any outside third party organisation, unless it is contracted to Suncorp Metway to provide administrative services or activities on our behalf. In this case, we make sure that the third party is bound by the same privacy rules we follow.

Sometimes, Suncorp Metway might use personal information to make product related material on a range of financial products and services available to our customers. A customer may elect **not** to receive product related material by indicating below.

Please do not send product related material on Suncorp Metway's range of financial products and services.

☐

A customer may change their mind at any time about receiving product related material by calling 13 10 10.

A customer may:

- ◆ access the personal information that we hold about them;
- ◆ get more information about Suncorp Metway;
- ◆ obtain a copy of our Privacy Policy;

by calling 13 10 10, or contacting us at gio.com.au or by visiting any of our branches.

Declaration and signature

I/We declare that:

- ◆ have read this proposal and the accompanying notices and agree to be bound by the terms of the policy,
- ◆ state that the information given in this application and any attachment to it is true and correct,
- ◆ authorise the insurer to give to, or obtain from, other insurers any information relating to insurance held by me/us or any claim in relation thereto,
- ◆ agree that the name of every person to be included in the indemnity together with the amount of wages, salaries and other earnings paid or allowed to him/her shall be entered regularly in a proper wages book and such wages book shall be submitted on request for inspection by the insurer or by a duly authorised person, as required by the applicable legislation

- ◆ agree to supply at the expiration of the period of insurance a correct statement of all wages, salaries and other earnings paid or allowed and the number of persons employed during the period of insurance,
- ◆ understand that if any part of this proposal is filled in by any person other than the employer that person is acting as the agent of the employer and not of GIO General Ltd or GIO Workers Compensation (NSW) Ltd.

I/We authorise GIO General Limited or related bodies corporate to give to or obtain from any other insurer or the insurance reference bureau any information relating to this insurance or any other insurance the company or its directors and officers have held or claim made under that insurance.

I/We agree to GIO collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Metway Privacy Policy.

Signature of applicant – signed on behalf of all applicants for insurance

Signature

Please print name

Date: ____/____/____

Your position/title *(please tick)*

Owner

Business partner

Director

Other – please describe

Office Use Only

WIC No. ANZSIC: _____ Total workers: _____ Total wages: _____

WIC rate: _____ Dust levy rate: _____ Premium: _____ GST: _____

Total premium: _____

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Return completed form to your State's GIO office:

New South Wales: GPO Box 3915 Sydney NSW 2001

Australian Capital Territory: PO Box 15 Woden ACT 2606

Western Australia: PO Box B50 Perth WA 6001

Tasmania: GPO Box 1136 Hobart TAS 7001

Ph: 13 10 10

Ph: 02 6281 8811

Ph: 08 9320 3600

Ph: 03 6235 8917

