

NSW Workers Compensation Act 1987

Insurance Proposal

(Accommodation)



This form is to be used to provide essential information for the commencement of a workers compensation insurance policy. Please complete this form in BLOCK letters and use a black pen. If further space is required, please attach a separate page.

Policy Number

Period of insurance from / / to / /

Part 1 Employer's details

Registered business name (legal entity)	Contact person
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Trading name

ABN	<input type="text"/>	ACN/ARBN	<input type="text"/>
Work Phone	<input type="text"/>	Mobile	<input type="text"/>
Fax	<input type="text"/>	Home Phone	<input type="text"/>
Email	<input type="text"/>	Web	<input type="text"/>

Postal address

 Post code

Are you a member of the Australian Hotels Association (AHA) New South Wales? Yes No

Membership Number (if Yes)

Are you registered for GST? Yes No

Do you have an input tax credit entitlement of 100% Yes No If No, entitlement %

OFFICE USE ONLY

Payment received: \$ Date Banked: / /

Received by Entered by

Checked by Broker Name

Broker No.



Part 2 Business Activity

Please tick the activities that apply to your business:

Accommodation	<input type="checkbox"/>	Wedding Receptions	<input type="checkbox"/>	Provision of Food	<input type="checkbox"/>	Gaming Facilities	<input type="checkbox"/>
Live Entertainment	<input type="checkbox"/>	Laundry Service	<input type="checkbox"/>	Event Promotion	<input type="checkbox"/>	Private Functions	<input type="checkbox"/>
Alcohol Service	<input type="checkbox"/>	Other	<input type="text"/>				

Please tick the type of staff that your business employs:

Housekeeping	<input type="checkbox"/>	Musicians	<input type="checkbox"/>	Bar Staff	<input type="checkbox"/>	Security	<input type="checkbox"/>
Chefs	<input type="checkbox"/>	Laundry Staff	<input type="checkbox"/>	Cashiers	<input type="checkbox"/>	Disc-Jockeys (DJ)	<input type="checkbox"/>
Concierge	<input type="checkbox"/>	Lighting Technicians	<input type="checkbox"/>	Waiters	<input type="checkbox"/>	Stage Hands	<input type="checkbox"/>
Cleaners	<input type="checkbox"/>	Building Maintenance	<input type="checkbox"/>	Kitchen Hands	<input type="checkbox"/>	<input type="text"/>	

How frequently is cash removed from the premises?

Part 3 Occupational Health and Safety (OHS)

Do you have a documented OHS Programme? Yes No

Are you using an external consultant for your OHS assessments? Yes No

If yes, who is your OHS Consultant?

Are you using any form of Software Tool to monitor your OHS compliance? Yes No

What is the name of the Software Tool and who is the provider?

Do you assess the physical capabilities of prospective Employees? Yes No

Have any charges been laid against the business for Breaches of OHS legislation in the past 5 years? Yes No

Are OHS responsibilities included in job requirements? Yes No

Do you have a formal policy of offering alternative duties to injured workers ? Yes No

Does the business have any legal action currently in progress or pending against it ? Yes No

Part 4 Previous Insurance History

Insurance for last year

WorkCover Agent's name

Policy Number

from / / to / /

Insurance for year before last

WorkCover Agent's name

Policy Number

from / / to / /

Part 5 Estimated Wages Per Location

If you have more than one address, we are able to reflect any Cost Centre codes or names that you may use internally to refer to each site. Please note how you would like it to be referred to in the Cost Centre Name / Code space below.

Trading name

Main location address

Post code

Cost Centre Name / Code

Direct Workers

Number of Workers	Gross Wages (excluding Employer Superannuation Contribution)	Employer Superannuation Contribution	Termination Payments and Long Service Leave	Total Wages

Apprentices

Number of Apprentices	Gross Wages (excluding Employer Superannuation Contribution)	Employer Superannuation Contribution	Termination Payments and Long Service Leave	Total Wages

Working Directors

Number of Working Directors	Gross Wages including Director Fees but excluding Employer Superannuation Contribution	Employer Superannuation Contribution	Termination Payments and Long Service Leave	Total Wages

Contractors

Number of Contractors	Labour only	Labour and Tools	Labour and Plant	Labour, Plant and Materials

Trading name

Second location address

Post code

Cost Centre Name / Code

Direct Workers

Number of Workers	Gross Wages (excluding Employer Superannuation Contribution)	Employer Superannuation Contribution	Termination Payments and Long Service Leave	Total Wages

Apprentices

Number of Apprentices	Gross Wages (excluding Employer Superannuation Contribution)	Employer Superannuation Contribution	Termination Payments and Long Service Leave	Total Wages

Working Directors

Number of Working Directors	Gross Wages including Director Fees but excluding Employer Superannuation Contribution	Employer Superannuation Contribution	Termination Payments and Long Service Leave	Total Wages

Contractors

Number of Contractors	Labour only	Labour and Tools	Labour and Plant	Labour, Plant and Materials

NB: If you have more than two addresses, please attach an additional sheet declaring the same information as above.

Part 6 Related Corporations

Is your organisation related to another organisation (e.g. holding company, subsidiary)? Yes No If yes, please list details below

Related Corporation Name

Insurance Company of Related Corporation

ABN

Policy Number of Related Corporation

Part 7 Grouping Of Related Employers

If you are part of another organisation you are also part of a group. The HEM specialised insurer licence is excluded from WorkCover grouping provisions, but for the sake of transparency, the HEM policy will record details of existing group arrangements

Are you a member of a group that pays combined wages in excess of \$600,000? Yes No

If yes, have you registered with WorkCover as a member of a group? Yes No

If yes, what is your Group Number?

Note: Please refer to our privacy statement for information about our use of your information by visiting www.hotelemployersmutual.com.au

Part 8 Declaration

I, (Print name)

- declare that the information provided in this proposal and any attachments are true, correct and complete
- declare that no information has been suppressed or omitted from this proposal
- agree to supply a correct declaration of wages paid at the expiry period of insurance to allow an accurate calculation of premium. I understand that this declaration may result in further premium payable or a refund of premium paid, subject to the minimum premium, wages actually paid and actual claims costs for the period
- acknowledge and accept the terms and conditions detailed in the policy wording
- understand that if any information in this proposal is false or misleading, or there is wilful failure to observe the terms of the policy of insurance, prosecution action may be taken
- acknowledge and accept that a requirement for being a member of Hotel Employers Mutual is to meet the requirement to have an OH&S system in place that is at a minimum of the same standard as the tool that is available to you from Hotel Employers Mutual and that you will provide us information about your OH&S practices prior to renewal of your policy each year

Signature

Dated / /

Name in full

Position/Title

(PLEASE PRINT)