

## PAYMENTS DECLARATION AND INVITATION TO RENEW

**Nature of Business/Industry:**

If Yes, Please indicate:

"Payments" refer to all gross wages, salaries, remuneration, commission, bonuses, overtime, allowances and the like, directors fees or 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, but excluding 'Termination payments, retirement pay, retrenchment pay in lieu of notice, superannuation payment, pension, "golden handshakes" and weekly payments of compensation under the Act'. Payments and each trade carried on in separate establishments are to be listed separately.

(Completion of estimates is deemed a request to provide renewal cover)

### Estimate Of Payments For Future Period

Class Of Occupation (eg Clerical, General, Other)	Number of Employees	Gross Amount Estimated
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total</b>		\$

Full Name	Class of Worker (i.e. Director)	Occupation (Services provided)	Gross Amount Paid	Occupation (Services provided)	Gross Amount Estimated
			\$		\$
			\$		\$
			\$		\$

Refer to reverse side

Section 175 of the Act makes you jointly and severally liable for disability to workers of contractors and sub-contractors.

Have you let contracts or sub-contracts for any part of the work of your trade or business?

Yes ☐

No ☐

If so, do you undertake to satisfy yourself on every occasion that the contractor or sub-contractor is insured against their full liability under the Workers' Compensation and Injury Management Act, 1981?

Yes ☐

No ☐

To ensure compliance, you must obtain a current Certificate of Currency (indemnity) from the contractor's or sub-contractor's insurer. Failing this, you are required to complete Schedule C.

**Please Note** - No Common Law cover is provided under this policy to Contractors or Sub-Contractors and their direct employees.

#### C. Working Contractors and Sub-Contractors

PARTICULARS		ACTUALS		ESTIMATES	
Type of Activities Being Performed	Code* (see below)	Number on Payroll	Actual Contract Values	Number on Payroll	Estimated Contract values
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

\*Please indicate in this column the appropriate code as described below:

Labour Only      LO      Labour, Plant and Material      LPM  
Labour and Material      LM      Labour and Plant      LP

In Western Australia workers' compensation insurance cover for all workers is compulsory. Employers who do not have a current policy may be liable for fines per worker through Workcover Western Australia.

#### EMPLOYER DECLARATION

1. I have read and checked the information contained in this Declaration. I acknowledge Allianz Australia Insurance Limited is relying on the information.
2. All the information contained in this Declaration is true, accurate and not misleading and the information does not misrepresent or misstate any material fact.
3. I have fairly estimated the total expenditure for wages, salaries and all other forms of remuneration, number of employees, and the appropriate time worked during the relevant period of insurance.
4. I agree that this Declaration and the particulars supplied form part of the Policy to be issued on the terms and conditions contained in it.

**Director, Chief Financial Officer, Accountant, Partner / Proprietors to sign for appropriate entity type.**

Signature of Employer:		Title	
Print Name:		Date	
Signature of Witness:		Title	
Print Name:		Date	

Failure to supply accurate payment details may result in the Insurer exercising its right under condition eleven (11) of the policy wording to inspect the wages records.

All statements, replies and particulars must be made fully and in writing by the employer. Questions not answered will be deemed to be answered in the negative. If this declaration in any particular field is filled in by any person other than the employer such person shall be deemed the agent of the employer.