



## QUOTATION REQUEST: WORKERS COMPENSATION INSURANCE FOR SUBCONTRACTORS & OTHER OCCUPATIONS

### INSURED INFORMATION

Name of Insured			
Trade or Occupation			
Master Builders Member No.		ABN	
Email Address		Contact Person	
Postal Address			
City	State	Postcode	
Telephone	Mobile	Fax Number	

### INSURED DETAILS

(All estimated wages and payments are to be declared gross, before tax.)

When would you like this cover to commence?	/ /
Estimated wages to direct employees (includes family members)	\$

Do you currently have a Workers Compensation Insurance policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you answered 'Yes' to the above:				
Who is your current insurer?				
If you answered 'No' to the above:				
Is this business a 'Start-Up'?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you have had a policy in the past, who was your Insurer?				
What year did you last have this type of insurance?				

## CONTRACTORS / SUBCONTRACTORS

Estimated annual turnover	\$		
Do you, or do you expect to contract out any of the work in connection with your business?	<input type="checkbox"/>	Yes	No
If you answered 'Yes', will the contractors / subcontractors be insured for Workers Compensation? <small>(You will need to obtain letters of indemnity/certificates of currency from them to confirm they are insured. If you do not hold proof of cover you risk being audited by WorkCover.)</small>	<input type="checkbox"/>	Yes	No



If you answered 'No', or you are using contractors / subcontractors that cannot obtain Workers Compensation for themselves (sole traders, partnerships, etc), please provide estimated payments below:

(If you are using contractors / subcontractors that cannot obtain Workers Compensation for themselves, you will be liable for their claims)

Labour only	\$	Labour and plant	\$
Labour and materials	\$	Labour, plant and materials	\$

## DIRECTORS

(Applies to Pty Ltd companies only. Sole traders and partnerships can not cover directors.)

Estimated wages to working directors	\$		
Do you wish to cover working directors? <small>(Cover for working directors is optional. Working directors may opt out of the Workers Compensation Scheme.)</small>	<input type="checkbox"/>	Yes	No

If you answered 'Yes', please list your directors below.

Name of Director
Name of Director
Name of Director
Name of Director
Name of Director

## CLAIMS

Please provide the details of any claims, losses or incidents that have occurred or are likely to result in a claim **in the last five years** with respect to Workers Compensation Insurance:

Description of loss or incident	Date of Loss	Amount of Claim	Excess/deductible incurred
	/ /	\$	\$
	/ /	\$	\$
	/ /	\$	\$
	/ /	\$	\$

## IMPORTANT NOTICE

Before you enter into a contract of general insurance, you have a duty, under the Insurance Contracts Act 1984, to disclose every matter that you know or could be reasonably expected to know, is relevant to the underwriters decision whether to accept the risk of insurance and if so, on what terms. Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken
- that is common knowledge
- that the underwriter knows, or in the ordinary course of business ought to know
- as to which compliance with your duty is waived by the underwriters

## NON DISCLOSURE

If you fail to comply with your Duty of Disclosure, the underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the underwriters may also have the option of avoiding the contract from its beginning.

## PRIVACY

MBAIS complies with the Privacy Act 1988 (and it's Australian Privacy Principles 'APP's) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Commonwealth legislation that regulates collection, storage, destruction, quality, use and disclosure of personal information and sensitive information, and ensures that you are given certain rights in respect of this information.

To view our full Privacy Statement visit our website at [www.mbais.com.au](http://www.mbais.com.au)

## ADDITIONAL INFORMATION

If there is insufficient space for your answer to any question please provide details below

## DECLARATION BY INSURED

I/We, apply to the Insurer for insurance as shown in this application, warrant that the information given herein is correct and hereby declare that:

- I/We have read and understood the Important Notice, have complied with the Duty of Disclosure and understand this application will form the basis of the Insurance Contract with the Insurer
- I/We understand that Works Limitations apply to the policy
- I/We acknowledge that answers in this application not in my/our handwriting have been checked and agree same are true and correct
- I/We understand that this application is subject to acceptance by the Insurer

Print Name		Signed	
Date	/	/	

## SUBMITTING THIS FORM

**If submitting this form electronically (via email)** please type your name in the declaration above and click the 'Submit' button to send directly to MBAIS.

**If submitting this form via fax** please click the 'Print' button, sign the declaration above and fax the form to: **(08) 9846 7021**