



COAL MINES INSURANCE PTY LIMITED

**ACN 000 011 727
ABN 70 000 011 727**

**AS THE WORKERS COMPENSATION COMPANY APPROVED UNDER SECTION 9 OF THE
COAL INDUSTRY ACT 2001 (NSW)**

**LEVEL 21
44 MARKET STREET**

SYDNEY NSW 2000

**WORKERS' COMPENSATION INSURANCE PROPOSAL
FOR THE NEW SOUTH WALES COAL INDUSTRY**

EMPLOYER'S WORKERS COMPENSATION INSURANCE PROPOSAL

- Please answer all questions
- If there is insufficient space for any answer, please attach a separate sheet and indicate that you have attached it
- Circle Yes/No or tick (✓) boxes, as appropriate.

I/We hereby request Coal Mines Insurance Pty Limited ACN 000 011 727 ("CMI") to issue to me/us a policy to provide indemnity under the Workers Compensation Act 1987 (NSW).

Period of Insurance requested:

From: **Start Date:** _____ to **4.00 pm, 30 June 2011**

Employer Details

Full name of Employer
or Legal Entity _____

Is the Employer:

a **Registered Company?** (e.g. Pty Ltd Company) ACN _____
If so, show full name as listed on certificate of incorporation

a **Sole Proprietor?**
If so, show surname followed by first name of the sole trader
NB. Workers Compensation cover is only offered to the employees of the registered Sole Trader.

a **Partnership?**
If so, show full name of each partner, surname first followed by first name.
NB. Workers Compensation cover is only offered to the employees of the registered Partnership.

a **Trust?**
If so, show full name of trustee as well as the name of the registered Trust
NB. Workers Compensation cover is only offered to the working beneficiaries & employees of the Trust

Other than any of the above (e.g. statutory corporation or body; incorporated Association)?

Business (trading) name _____

Australian Business Number (ABN)

Employer's Postal Address

Principal Office (where the business is situated)

Contact name: _____ Position/title: _____

Business phone: _____ Fax Number: _____

E-mail address: _____ Mobile: _____

Please nominate your preferred payment terms: _____ Yearly/Quarterly//Monthly

GST details

Are you registered for GST purposes? Yes/No

Do you have an Input Credit Entitlement of 100%? Yes/No

If No, please specify? %

Related Entities or Policies

Does this organisation have any related entities? Yes/No

If 'yes', please provide details below:

Name of Organisation	ABN/ACN	Workers' Compensation Insurer	Policy Number

Please advise the name of the parent company?

Business Description in the NSW Coal Industry

Main Business Activity:

.....
.....
.....

What, if anything, do you manufacture/install or repair?

.....
.....
.....

What goods or materials, if any, do you normally handle?

.....
.....

In what trades, if any, are your employees classified?

.....
.....

What machinery is used (e.g. roof bolter, loaders, etc.)?

.....
.....

Business Description in the NSW Coal Industrycontinued

If "NSW Coal Mining", is it: Underground (Yes/No) Open Cut (Yes/No) or both (Yes/No)

Please specify, as a percentage amount of time spent on a NSW mine site?%

If the above percentage is anything other than 100%, Please complete the Offsite section below:

Offsite – within the NSW Coal Industry?

Please describe the Activities that will be undertaken when any employee is Offsite or Interstate

.....

Estimated Wages for Period of Insurance:

From: **to** 4.00 pm, 30 June 2011

Please refer to the definition of assessable wages at: www.coalminesinsurance.com.au

Location or Mine Site	Number of Workers		Estimated total wages
	Permanent	Casual	
1.			\$
2.			\$
3.			\$

Insurance History

Has this business been insured for workers compensation during the past 3 years? Yes/No

Has this business been transferred or purchased from another entity within the last 3 years? Yes/No

Name of previous owner

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

Previous Insurance History

financial year	Year	Policy No	Insurer	Total wages paid	Total Claims Incurred
2010/2011	Current financial period 01/07/10 to ___/___/___				
2009/2010	01/07/09 to 30/06/10 Or ___/___/___ to ___/___/___				
2008/2009	01/07/08 to 30/06/09 Or ___/___/___ to ___/___/___				

General Questions

Are the employees paid under an Award or Agreement? Yes/No
E.g. the production and engineering consolidated award
(If so, please specify)

.....
.....

(a) Has the employer or any related company ever applied for any insurance cover and had their application cancelled or declined? Yes/No

If 'yes', please provide details:

.....
.....

(b) Do you have a documented occupational health and safety (OH&S) policy and/or safety procedures? Yes/No

(c) Do you engage temporary/part-time/casual or seasonal workers?

Regularly – more than once a month Sometimes Never

(d) Do you insist on evidence of workers compensation insurance or personal injury cover from contractors and subcontractors?

Yes No Only some contractors Sometimes Never

I/We do not engage contractors/subcontractors

(e) Do you conduct job training and/or safety training? Yes/No

(f) Do you conduct pre-employment medical assessments? Yes/No

(g) Do you have a return to work program in place? Yes/No

(h) Are suitable alternative duties available for return to work programs? Yes/No

Privacy Statement in relation to Policy Information

CMI provides workers' compensation insurance to the coal industry in New South Wales.

We need to collect personal information from Employers so we can:

- Set up and administer the insurance policy for the Employer
- Perform our functions and exercise our powers under the Coal Industry Act 2001
- Assess a claim made under this Policy
- Assess Employers and their needs
- Improve our services

Protecting privacy is a key part of our normal operations.

We do not disclose personal information to any outside third party organisation, unless it is contracted to CMI to provide administrative services or activities on our behalf or it is necessary to disclose that information for the purposes of undertaking CMI's functions under the Coal Industry Act. In this case, we make sure that the third party is bound by the same privacy rules we follow.

Sometimes, CMI might use personal information to make policy related material on products and services available to employers. An Employer may elect **not** to receive product related material by indicating below.

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

An Employer may change their mind at any time about receiving product related material by contacting the CMI Underwriter on, 02 8270 3215 or email underwriting@coalservices.com.au or in writing to Coal Services Pty Ltd at GPO Box 3842, Sydney 2001.

Declaration by Employer

I/We declare that I/We:

- have read this Proposal and the accompanying notices and agree to be bound by the terms of the policy
- have given in this Proposal and any attachment to it, only information that is true and correct
- authorise CMI to give to, or obtain from, other insurers any information relating to insurance held by me/us or any claim in relation thereto
- agree to provide CMI with any supporting document or information referred to in or connected with any request or question contained in this Proposal,
- 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 must be entered regularly in a proper wages book and such wages book must be submitted on request for inspection by CMI or by a duly authorised person, as required by the applicable legislation,
- agree to supply at the expiration of the period of insurance a certified of all wages, salaries and other earnings paid or allowed in accordance with the CMI definition of assessable wages manual, and the number of persons employed during the period of insurance in accordance with CMI's notice requirements as specified from time to time
- 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 CMI.

I/We authorise CMI or its related entities 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 CMI collecting, using and disclosing personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document.

I am Authorised by the employer to complete this proposal on his/her/their behalf

..... Please print full name Signature
..... Title/Position Date