



# WORKERS COMPENSATION INSURANCE APPLICATION

**Please Note: If insufficient space in any section, provide details on a separate page**

## Policy Period

The date you would like your policy to start

The expiry date of your policy will be 4.00 p.m. on

### CGU Workers Compensation use only

Policy number

## Business details

Full name of employer (entity name)

ABN

Workcover number (if known)

Business email address

Are you registered or required to be registered for GST purposes?

No

Yes

Please provide us the entitlement to Input Tax Credit

%

Business or trading name

Postal address

Postcode

Private telephone number

## Completing this Document

This application is for a CGU Workers Compensation policy in respect of the business, trade, work or occupation whether carried on at the situation set out above or elsewhere, indemnifying you (subject to the exclusions described in the policy) against your legal liability to pay:

- a. to or in respect of any "worker" within the meaning of the *Workers Compensation and Injury Management Act 2023 (WA)* ("Act"), compensation under the Act in respect of an injury or death to a worker from employment during the period of insurance; and
- b. damages at common law and under the *Fatal Accidents Act 1959 (WA)*, the *Law Reform (Miscellaneous Provisions) Act 1941 (WA)*, and the *Law Reform (Contributory Negligence and Tortfeasors Contribution) Act 1947 (WA)*, in respect of an injury or death to a worker from employment during the period of insurance.

Please read this document carefully and our CGU Workers Compensation Policy which is available to download here: **CGU Policy Wording**

If we issue you with a workers compensation policy, this policy application completed by you will form part of the policy.

In addition to the application, please complete the enclosed Declaration of Estimated Remuneration form.

The *Workers Compensation and Injury Management Act 2023 (WA)* requires an employer applying for the issue of a workers compensation policy to complete a Declaration of Estimated Remuneration form approved by WorkCover. To help you complete this form we have enclosed a supporting document called Important Information.

More information on Workers Compensation insurance can be found on our website at [www.cgu.com.au/business/workers-compensation/wa](http://www.cgu.com.au/business/workers-compensation/wa)

**General Questions (Please answer all questions where applicable)**

1. Do you have any policy of insurance with any other insurer covering any portion of your liability under the Act?

No  Yes   Please provide details

2. Have you previously held any Workers Compensation Insurance Policy with any other insurer for this business or any other business?

No  Yes   Please provide details

Name of Insurer	Policy Period

3. Please supply details of your claims history over the past five years. Refer to previous insurer for this information.

Insurer	Number of Claims	Amount Paid	Outstanding	Total

4. Has any employee made any claim for common law damages on you within the last 5 years?

No  Yes   Please provide details

5. Have you engaged any employees in Western Australia to perform work outside Western Australia or overseas?

No  Yes   Please provide details

Name the State, Territory or Country	State number of employees	How long will they be employed outside WA?

6. Do you have any parent and or subsidiary companies that operate at or from the above or any other location(s)?

No  Yes   Please provide details

**Please note if you require a quote for any of the above a separate quotation request for each entity will be required.**

Full name of parent and or subsidiary	Company business activities

7. The Workers Compensation policy does not provide cover for any contractual arrangements whereby you agree to indemnify and/or hold harmless any principal or any other person.

Have you entered into or do you intend to enter into any contractual arrangements under which you agree to indemnify or hold harmless any principal or any other person?

No  Yes  Please provide details

**It should be understood when completing this section that cover will not necessarily be granted by CGU Workers Compensation.**

### Risk Management (Please answer all questions)

- |  |    |                          |     |                          |
|--|----|--------------------------|-----|--------------------------|
| 1. Do you have an injury management system in accordance with section 159 of the Act and regulation 73 of the <i>Workers Compensation and Injury Management Regulations 2024</i> (WA)? | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 2. Do you assess the physical capabilities of all new workers by having them complete a pre-employment form?   | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 3. Do you require all new workers to undertake pre-employment medical examination?   | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 4. Do you have induction and training records for each worker and are they regularly updated?  | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 5. Are regular documented hazard inspections carried out in each workplace?  | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 6. Do you have written job procedures for potentially hazardous tasks?   | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 7. Are all accidents and potentially serious incidents investigated to establish and eliminate the causes?   | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |

### Declaration

I/We request CGU Workers Compensation to issue me/us with an Workers Compensation policy.

I/We declare and warrant that all the statements in this application are true.

I/We have not suppressed, misrepresented or misstated any material fact.

I/We have read the Important Information document and acknowledge the "How CGU protects your privacy" section.

Signature of person authorised as the employer/by the employer to complete and sign this application form (Written or legal Electronic signature (e.g. Adobe Fill & Sign tool) required)

Date

/  /

# PRIVACY AND YOUR INFORMATION

## Privacy

Under the Privacy Act 1988 (Cth), We are required to make You aware of how We will collect and use the personal information that You provide to us.

For the purpose of this section:

We, Us and Our means the product issuer Insurance Australia Limited ABN 11 000 016 722 AFSL 227681 trading as CGU Insurance.

You and Your means all the people named in this Application form.

### How We use Your personal information

We and the parties listed in Our Privacy Policy will use Your personal information for the purposes it was collected for. Those purposes usually include to provide You with assistance, a product or service You requested and to deal with claims. Your personal information may also be used for other purposes that are set out in Our Privacy Policy. You may choose to not give Us Your personal information. However, not giving Us Your personal information may affect Our ability to provide You with a product or service, including processing a claim.

### Further information

We may disclose Your personal information to:

- Our related entities;
- Our service providers - which includes some service providers that may be based overseas; and
- other parties as set out in Our **Privacy** Policy.

Our **Privacy** Policy provides more information about how We collect, from whom We collect and how We hold, use and disclose Your personal information. Our **Privacy** Policy also provides information about how You can:

- access Your personal information;
- ask Us to correct Your personal information; and
- complain about a breach of the privacy principles set out in the Privacy Act 1988 (Cth) and how We will deal with Your complaint.

### Your consent

You agree to Us collecting, holding, using and disclosing Your personal information as set out in Our **Privacy** Policy when You:

- provide Us with Your personal information; and
- apply for, use or renew any of Our products or services.

**This information is contained in Our Privacy Policy which is available online at [www.cgu.com.au/privacy-security](http://www.cgu.com.au/privacy-security). Alternatively, if You require a copy of our Privacy Policy We can post or email it to You.**

We would also like to provide you with marketing information regarding other products and services (of ours or of a third party) which we believe may be of interest to you. If you want to receive such information, please check this box.

## WHEN COMPLETE, PLEASE FORWARD THIS APPLICATION TO:

CGU Workers Compensation  
46 Colin Street West Perth WA 6005  
GPO Box 929 Perth WA 6843  
**Tel** 1300 307 952  
**Email** [wadirectwc@cgu.com.au](mailto:wadirectwc@cgu.com.au)



Insurer  
**Insurance Australia Limited**  
ABN 11 000 016 722 AFSL 227681  
trading as CGU Workers Compensation