



# Willis Temby Insurance Brokers (WA) Pty Ltd

Registered Insurance Brokers  
 ABN 85 009 087 585 \* AFSL No: 233 765

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## EMPLOYERS INDEMNITY DECLARATION

WorkCover Number:

<b>Full Name of Employer (Legal Entity)</b>	
<b>Business or Trading Name</b>	
<b>Type of Industry or Business Activity</b>	
<b>Address for Notices</b>	Willis Temby Insurance Brokers (WA) Pty Ltd PO Box 20, Mount Lawley, WA 6929
<b>Location of Business</b>	

Policy #	Insurer:		Insurer:	
ABN:	Actual Remuneration for Period: to		Estimated Remuneration for Period: to	
CLASS OF EMPLOYEES	Actual Remuneration	Number Employed	Estimated Remuneration	Number to be Employed
<b>1</b> Direct Employees (Names not required)				
<b>2</b> Working Directors (see 2 over) (must be named if Cover Required)				
Name	Occupation			
<b>3</b> Working Contractors and Sub Contractors (see 3 over)				
<b>4</b> Employees of Contractors and Sub Contractors				
<b>TOTAL</b>				

PLEASE SIGN DECLARATION BELOW & COMPLETE IMPORTANT NOTICES OVERLEAF

### DECLARATION

<b>I / We,</b>		<b>(Name) a</b>		<b>(Occupation)</b>
<b>of</b>				<b>(Address)</b>
<p>Hereby declare that I / We have made a declaration and/or reasonable assessment of salaries / remuneration to be paid for the period shown above. I also confirm renewal of this policy is required.</p>				
<b>Signed</b>		<b>Date</b>		
<p>Answers not in my / our handwriting have been checked and I / We certify are true and correct: _____</p>				

## IMPORTANT NOTICES

### 5. CONTRACTUAL OBLIGATIONS

Have you entered into or do you intend to enter into any contractual arrangements whereby you agree to indemnify or hold harmless any Principal or any other person?

If yes, and you require cover please attach details.

Yes  No

### 6. COMMON LAW COVER

Do you require the common law cover in this policy to be increased?

Yes  No

If so what amount? \$ \_\_\_\_\_

#### 1. SALARIES, WAGES OR OTHER REMUNERATION

You are required to declare the aggregate amount of wages, salaries, or other remuneration, which you have paid and estimate will be paid to all workers. The figure you show must be the absolute gross salary, wage or remuneration (before income tax) and must include:

- Commissions
- Bonuses
- Overtime
- Allowances
- Working Director's Fees
- Other Benefits

Whether at piece work rates or otherwise and whether paid in cash or kind but **excludes**:

- Termination payments, retirement pay, retrenchment pay in lieu of notice, superannuation payment-pensions, "golden handshakes", and
- Weekly payments of compensation being made to injured workers.

#### 2. WORKING DIRECTORS

Section 10A(1) of the Act that a person is not a worker within the meaning of the act while the person is (1) director of a company in any share of which the person has a beneficial interest and (2) is engaged or employed by or working for that company unless the employer chooses to provide the insurer with both the name of and wages paid to a Working Director.

If Working Directors are not specified on the Statement of Salaries and Wages, they are not covered for Act Benefits.

The amount to be declared for Working Directors is either their actual remuneration or the wages that would have been expended to employ a replacement for them, whichever is the greater. These wages are to be shown under (3) on the front of this form.

#### 3. WORKING CONTRACTORS AND SUB-CONTRACTORS

Contractors and sub-contractors who have been engaged by you for the purpose of your trade or business under a contract for service (ie not direct employees) and whose remuneration by whatever means is in substance a return for their perusal manual labour or services, are considered to be your "workers" under the Workers' Compensation and Injury Management Act.

Although the policy will cover your liability under the Workers' Compensation and Injury Management Act, please note **NO COVER** is provided for claims made against you under common law. Please show details of the total remuneration paid to such contractors or sub-contractors under Section 4.

#### 4. EMPLOYEES OF CONTRACTORS AND SUB-CONTRACTORS

The Workers' Compensation and Injury Management Act makes you jointly and severally liable for injury to the workers of any of your contractors or sub-contractors. It is therefore important that you satisfy yourself that all contractors and sub-contractors have insurance covering their own workers. If you have any concern about this matter or you see a need to cover the employees of contractors or sub-contractors, please discuss the matter with us. Please note **NO COVER** is provided for claims made against you under common law.

#### 5. CONTRACTUAL OBLIGATIONS

This Policy does not provide cover for any contractual arrangements whereby you agree to indemnify and/or hold harmless any Principal or any other person.

If you have entered into or intend to enter into any contractual arrangements whereby you agree to indemnify and/or hold harmless any Principal or any other person it is necessary to declare complete details with any request for extension of cover.

#### 6. LIMIT OF LIABILITY

The policy has a limit in respect of claims made against you under common law of \$50 million for any one person or number of persons arising out of the one event.

If you consider this amount is inadequate please contact us.

#### 7. EMPLOYEES LIVING OUTSIDE WA

If you engage an employee in Western Australia to perform work outside of WA or overseas, then such employees will be covered for the benefits of the Workers' Compensation and Rehabilitation Act for a period of up to 24 months only. Although this cover is automatic, we do need to know in which State or Country your employees will be engaged. **NO COVER** is provided for claims made against you for damages under common law in respect of injuries occurring in another Country nor in respect of any such claim brought against you in any Country other than Australia.