



Coal Mines Insurance

Workers Compensation Insurance Proposal for the New South Wales Coal Industry

**Coal Mines Insurance Pty Ltd 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)*

Coal Mines Insurance Pty Ltd: ABN 70 000 011 727

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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
- Check boxes as appropriate

I/we hereby request **Coal Mines Insurance Pty Ltd 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 **4.00pm, 30 June 2017**

Employer details

Full name of Employer or Legal Entity:

Is the employer:

a **Registered Company?** (e.g. Pty Ltd company)

If so, show full name above as listed on certificate of incorporation

ACN:

a **Sole Proprietor?**

If so, above 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, above 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, above show full name of trustee of the trust, as well as the name of the registered Trust

NB: Workers compensation cover is only offered to the working beneficiaries and employees of the Trust

Other than any of the above?

(e.g. statutory corporation or body, incorporated association, etc.)

Please specify:

Business (trading name):

Australian Business Number (ABN):

Employer's postal address:

Registered/Principal office:

(i.e. where the business is situated)

Contact name:

Business phone:

Email address:

Position/Title:

Fax number:

Mobile:

Please nominate your preferred payment terms

- Yearly**
 Quarterly (Base Tariff Premium over \$3,000 p.a.)
 Monthly (Base Tariff Premium over \$10,000 p.a.)

Note: Base tariff premiums is total estimated wages times the risk category rate percentage.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please advise the name of the parent company		<input type="text"/>	

Business description in the NSW coal industry

Please provide a clear, detailed description of your day-to-day business activity whilst on a NSW coal mine.

<input type="text"/>
<input type="text"/>
<input type="text"/>

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

<input type="text"/>
<input type="text"/>

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

<input type="text"/>
<input type="text"/>

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

<input type="text"/>
<input type="text"/>

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

<input type="text"/>
<input type="text"/>

Please specify where on a mine site your activities are performed? e.g. underground, in the pit of an open cut mine, office, workshop, coal prep plant.

<input type="text"/>
<input type="text"/>

Business description in the NSW coal industry (continued)

Breakdown of NSW coal industry activities

Please provide a breakdown of your coal industry wages as per the following:

Open Cut Mine (all activities undertaken on an open cut mine site)		%		Underground Mine (all activities undertaken on an underground mine site)		%	
Operation Mining Services (offsite activities i.e. workshops, coal prep plants)	% onsite	% offsite	Administration		% onsite	% offsite	

Location or Mine Site

If applicable please complete the Offsite section below.

Offsite - within the NSW coal industry

Please describe the activities that will be undertaken **and** at what type of facility/premises when any employee is Offsite or Interstate:

Offsite - unrelated to the NSW coal industry

Description of activities

Insurer

Estimated wages for period of insurance

Total Number of Employees to be insured with Coal Mine Insurance:

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

			A	B	A + B
*Category	Percentage %	Number of Employees	Estimated Gross Wages	Estimated Superannuation	Estimated Total Wages
Open Cut					
Underground					
Operational Mining Services – Onsite					
Operational Mining Services Offsite					
Administration - Onsite					
Administration - Offsite					

*Must correspond with information provided in "Breakdown of NSW coal industry activities" above

Apprentice Details (to be covered under the new policy)

Type of Trade	Site total number of apprentices	Total gross apprentice wages (including superannuation)
		\$
		\$

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 table below

Previous insurance history

Financial year	Time period	Policy no.	Insurer	Total wages paid	Total claims incurred
2015-16	Current financial year 01/07/2016 to				
2014-15	01/07/2015 to 30/06/2014 to				
2013-14	01/07/2014 to 30/06/2013 or to				

General questions

a) Are the employees paid under an Award or Agreement? Yes No
i.e. the production and engineering consolidated award

If so, please specify:

b) Has the employer or any related company ever applied for any insurance cover and had their application cancelled or denied? Yes No

If yes, please provide details:

c) Do you have a documented Work Health and Safety (WHS) policy and/or safety procedures? Yes No

d) Do you engage temporary/part-time or seasonal workers?
 Regularly (more than once a month) Sometimes Never

e) 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

- f) Do you conduct job training and/or safety training? Yes No
- g) Do you conduct pre-employment medical assessments? Yes No
- h) Do you have a return to work program in place? Yes No
- i) Are suitable alternative duties available for return to work programs? Yes No

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 Coal Mines Insurance Pty Ltd (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 an employee/director/proprietor/partner of the employing entity with the authority to enter into contracts on the employers behalf:

Print full name:

Signature:

Title/Position:

Date:

Privacy Statement in relation to Policy Information

Coal Mines Insurance Pty Ltd (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.

You are entitled to access your own personal information being held. This information is generally provided upon request. We will take reasonable steps to ensure that any information being held is relevant, accurate, complete, up-to-date and not misleading. However, it is your responsibility to notify us when your details change.

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 Policy Services.

You can access further information on our Privacy Statement at <http://www.coalservices.com.au/Privacy-Statement.aspx>

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