



Workers Compensation Insurance Proposal

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:

To: 30 June 2019

1. Employer Details

Legal name of employer

(Your legal name may be different from your trading name. Give Company name, Sole Trader or Partners' full names. If a trust give the name of the trustee)

Trading name

ABN

ACN

Name of trust (if applicable)

Trust ABN (as applicable)

Are you registered for GST? YES NO

ITC entitlement %

(Input Tax Credit – if the employer is registered for GST, the employer can claim 100% of the GST from the ATO. If the employer cannot claim 100% of the GST from the ATO, please specify the reduced input Tax Credit Entitlement)

Postal Address

Situational Address

Contact Person

Position

Phone

Mobile

Email



2. Choose Your Payment Terms

- Yearly Quarterly Monthly

Note: Quarterly payment term requires annual Base Tariff Premium (BTP) over \$3,000

Monthly payment term requires a monthly wages return and annual Base Tariff Premium (BTP) over \$10,000

3. Grouping

Does this organisation have any related entities already insured with CMI?

If yes, please provide details below:

Parent Company Name: _____

Policy Number	Policy Name	ABN

(Please attach a separate page if more space required)

4. NSW Coal Industry Business Activity

4.1 On Coal Mining Site

Please provide a clear description of your day-to-day business activity whilst **ON** a NSW coal mine

What equipment do you use? e.g. laptop, tools, instruments, machinery

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

Please specify where the activities are performed. E.g. underground, in the pit of an open cut mine, workshop, coal prep plant, office etc.

Name and location of all mine sites



4.2 Off Coal Mining Site

Please provide a clear description of your day-to-day business activity whilst **OFF** a NSW coal mine

What type of facilities or premises are offsite activities performed at? E.g. office, home, workshop, coal prep plant etc.

Location of facilities or premises

5. Business Activity Breakdown

Is 100% of your business engaged in mining activities in the coal industry ?

If YES, please complete section 5.1 then go to section 6 Estimated wages.

If NO, please go to section 5.2 & 5.3 then section 6 Estimated wages to declare the percentage of wages relevant to coal industry.

5.1 Breakdown of NSW coal industry activities (**Business 100% engaged in mining activities**)
(Please provide a breakdown of your coal industry wages as per the six categories below. Figure **MUST** add up to 100%)

<p>Open Cut Mine (all activities undertaken on an open cut mine site not classified elsewhere)</p> <p><input type="text"/> %</p>	<p>Underground Mine (all activities undertaken on an underground mine site not classified elsewhere)</p> <p><input type="text"/> %</p>
<p>Operational Mining Service Onsite (e.g. workshop, coal prep plants on mine site)</p> <p><input type="text"/> %</p>	<p>Operational Mining Service Offsite (e.g. workshop, coal prep plants off mine site)</p> <p><input type="text"/> %</p>
<p>Administration Onsite (e.g. Office on mine site)</p> <p><input type="text"/> %</p>	<p>Administration Offsite (e.g. Office off mine site)</p> <p><input type="text"/> %</p>

5.2 Breakdown of NSW coal industry activities (**Percentage engaged in mining activities**)
(Please provide a breakdown of your coal industry wages as per the 4 categories below. Figure **MUST** add up to 100%)

<p>Open Cut Mine (all activities undertaken on an open cut mine site not classified elsewhere)</p> <p><input type="text"/> %</p>	<p>Underground Mine (all activities undertaken on an underground mine site not classified elsewhere)</p> <p><input type="text"/> %</p>
<p>Operational Mining Service Onsite (e.g. workshop, coal prep plants on mine site)</p> <p><input type="text"/> %</p>	<p>Administration Onsite (e.g. Office on mine site)</p> <p><input type="text"/> %</p>



5.3 Business activities performed in NSW not relevant to coal industry

Do you have employees working in non-coal industry business activities? YES NO

If yes, please provide a clear description of your non-coal industry business activity below:

Please provide details of your workers compensation policy that covers non-coal industry activity.

Name of Insurer Policy Number

6. Estimated Wages

Please refer to the Coal Mines Insurance Definition of Wages Manual prior to completing this document which must be carried out in accordance with this definition. The manual can be downloaded [from our website](#).

6.1 Details of employees and wages

From Inception Date: _____ To: 30 June 2019 Insurance period		
Number of Employees Per Category		
Open Cut Mine	<input type="text"/>	
Underground Mine	<input type="text"/>	
Operational Mining Services Onsite	<input type="text"/>	
Operational Mining Services Offsite (Only applies to business 100% mining engaged)	<input type="text"/>	
Administration Onsite	<input type="text"/>	
Administration Offsite (Only applies to business 100% mining engaged)	<input type="text"/>	
Total Employee Numbers (Total full time equivalent employees including apprentices if applicable)	<input type="text"/>	
Estimated wages		
Gross wage (Including apprentice wages if applicable)	<input type="text"/>	A
Superannuation Guarantee Levy Amount	<input type="text"/>	B
Total Gross Wages	<input type="text"/>	A + B



6.2 Apprentice details for the NSW Coal Mines Insurance Scheme

(Apprentices must be in a registered trade and the Apprentice and Employer bound by a formal training agreement registered with the appropriate State and Territory Training Authority, A copy of each apprentice's training contract is to be provided to CMI.)

Do you have any apprentices? YES (Please complete below) No (Go to Section 7)

Type of Trade	National Course Code	Total number of apprentices	Total gross apprentice wages including super

7. Insurance history

Has this business been insured for workers compensation during the past 3 years? YES NO
If 'YES', please complete the table below

Financial Year	Insurer	Policy Number	Total Wages Paid	Total Claims Incurred
2017-18				
2016-17				
2015-16				

(Please note: insurance history will NOT apply to your new policy, above information is requested for record purposes only.)

Has this business been transferred or purchased from another entity within the last 3 years?
 YES NO

If 'YES', please provide previous entity name and ABN:

8. Interstate Work

Do you have employees working outside of NSW? YES NO
If yes, is the work related to the NSW coal industry? YES NO

How long are the employees likely to be outside of NSW?

Please provide details of your interstate insurer for work outside of the NSW coal industry:

Name of Insurer Policy Number



9. General questions

Are the employees paid under an Award or Agreement? YES NO
i.e. the production and engineering consolidated award
If so, please specify: _____

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: _____

Do you have a documented Work Health and Safety (WHS) policy and/or safety procedures? YES NO

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

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

10. Declaration by Employer or their authorised representative

I, PRINT NAME

Company Name

- hereby declare and warrant that the above is a true and correct statement of gross wages and assessable wages as per the CMI Definition of Wages Manual, paid to workers, deemed employees and relevant independent contractors;
- declare that no information has been suppressed or omitted from this declaration;
- am an employee and authorised and by the employer to complete this form and sign this declaration; as required by the conditions of the Coal Mines Insurance Workers Compensation Insurance Policy.

Signature

Position

Date



Privacy Statement in relation to Policy Information

Coal Mines Insurance Pty Limited (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 <https://www.coalservices.com.au/mining/privacy-policy/>

T. 02 8270 3257
E. policyservices@coalservices.com.au
Coal Mines Insurance Pty Limited
GPO Box 3842
Sydney NSW 2001