

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 2026
1. Employer Details		
Legal name of employer (Your legal name may be different from	your trading name. Give Company name, So	le Trader or Partners' full names. If a trust give the name of the trustee)
Trading name		
ABN	ACN	
Name of trust (if applicable)		
Are you registered for GST? Yes (Input Tax Credit – if the employer is registered for GST, the employ of the GST from the ATO, please specify the reduced input Tax Credit – input Tax Credit – if the employer is registered for GST, the employer is registered for GST.		
Situational Address		
Postal Address		
Contact Person	Position	
Phone	Mobile	
Email		

2. Choose your page 1		
Yearly	Quarterly	Monthly
	es annual Base Tariff Premium (BTP) over \$3,00	
	al Base Tariff Premium (BTP) over \$10,000 and es Team for further information or review the Pre	
		<u> </u>
3. Grouping		
	re any related entities already insure ils of either the Parent or Group na	
Related Entity or Group		
Policy Number	Policy Name	ABN
4.1 On a Coal Mining Si		ss activity whilst ON a NSW coal mine site.
What equipment do you us	se? For example, laptop, tools, inst	truments, machinery
In what trades, if any, are y	our employees classified?	
Please specify where the a		ole, underground, in the pit of an open cut mine,
office, workshop, coal prep		ne, underground, in the pit of an open out mine,
	paration plant etc.	

4.2 Not on a Coal Mining Site Please provide a clear description of your day-to-day bu OFF a NSW coal mine site	usiness activity, directly related to the coal industry while
What type of facilities or premises are offsite activities p preparation plant etc.	erformed at? E.g. office, home, workshop, coal
Location of facilities or premises	
 5. Breakdown of NSW coal industry Is 100% of your business engaged in mining activities in If YES, please complete section 5.1 then go to section 6. If NO, please go to section 5.2 and 5.3 and then section relevant to coal industry. 5.1 Breakdown of NSW coal industry activities If your business is engaged solely in the NSW coal industry (and no other ince Please provide the percentage of your NSW coal industry wages in each of the Explanation of the activities that fall into each of the six risk categories is local 	the NSW coal industry? Extimated wages to declare full wages. In 6 Estimated wages to declare the portion of wages dustry within NSW) please complete question 5.1 the six risk categories below. Figure MUST add up to 100%
Open Cut Mine (all activities undertaken on an open cut mine site not classified elsewhere) %	Underground Mine (all activities undertaken on an underground mine site not classified elsewhere) %
Operational Mining Service Onsite (e.g. workshop, coal preparation plants on mine site) %	Operational Mining Service Offsite (e.g. workshop, coal preparation plants off mine site) %
Administration Onsite (e.g Office on mine site) %	Administration Offsite (e.g Office off mine site) %
5.2 Breakdown of NSW coal industry activities If your business is not 100% engaged in the NSW coal industry, please enter to the component of your business engaged in the NSW coal industry. This factivities.	
Open Cut Mine (all activities undertaken on an open cut mine site not classified elsewhere)	Underground Mine (all activities undertaken on an underground mine site not classified elsewhere) %

Administration Onsite (e.g Office on mine site)

%

Operational Mining Service Onsite (e.g. workshop, coal preparation plants on mine site)

%

5.3 Business activit	5.3 Business activities performed in NSW not relevant to coal industry				
Do you have employee	es working in NSV	V non-coal industry busine	ess 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. Details of employees and wages					
From I	From Inception Date:To: 30 June 2026 Insurance period				
Total Employee Num (Full time equivalent employed apprentices if applicable)	I				
		Estimated Wag	es		
Gross wages (Including apprentice wages	if applicable)			A	
Superannuation Guarantee Levy Amo	ount			В	
Total Gross Wages	(A+B)			A + B	
7. Insurance h	istory				
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	
2024 - 25					
2023 - 24					
2022 - 23					
Has this business been transferred or purchased from another entity within the last 3 years?					
If 'YES' please provide	previous entity n	ame and ABN:			
Name:		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. Extended accident pay	
An offer for Extended accident pay is available to policyl	polders under Clause 37A of the Policy Schedule
If you would like to read about the full offer to extend ac	
cover for your accident pay please click here. If you wish	n to apply for the extended cover, the Election to
Take Extended Cover for Accident Pay Form should be	downloaded from our website and completed by
you and returned with this proposal form.	
10. General Questions	
Are the employees paid under an Award or Agreeme	nt? Yes No
i.e. the Black Coal Mining Industry Award 2010	
If so, please specify:	
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cancelled or denied?	ied for any insurance cover and had their application Yes No
If 'YES' please provide details:	

11. 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 DATE POSITION

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.

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/