



Coal Mines Insurance

# 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).

Please return your completed form to [employerservices@coalservices.com.au](mailto:employerservices@coalservices.com.au)

**Period of insurance requested from:**

**To: 30 June 2027**

## 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)**

**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)

**Situational Address**

**Postal 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 annual Base Tariff Premium (BTP) over \$10,000 and submission of monthly wages declarations.

Please contact the Employer Services Team for further information or review the Premiums page of our website: [Click here.](#)

## 3. Grouping

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

If yes, please provide details of either the Parent or Group name below:

Related Entity or Group

| Policy Number | Policy Name | ABN |
|---------------|-------------|-----|
|               |             |     |
|               |             |     |
|               |             |     |
|               |             |     |
|               |             |     |
|               |             |     |

(Please attach a separate page if more space required)

## 4. NSW Coal Industry Business Activity

### 4.1 On a Coal Mining Site

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

What equipment do you use? For example, laptop, tools, instruments, machinery

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

Please specify where the activities are performed. For example, underground, in the pit of an open cut mine, office, workshop, coal preparation plant etc.

Name and location of all mine sites (must provide)

## 4.2 Not on a Coal Mining Site

Please provide a clear description of your day-to-day business activity, directly related to the coal industry whilst **OFF** a NSW coal mine site

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

Location of facilities or premises

## 5. Breakdown of NSW coal industry activities

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

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

If NO, please go to section 5.2 and 5.3 and then section 6 Estimated wages to declare the portion of wages 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 industry within NSW) please complete question 5.1

Please provide the percentage of your NSW coal industry wages in each of the six risk categories below. Figure **MUST** add up to 100%

Explanation of the activities that fall into each of the six risk categories is located on our website on the following link : [Click here](#)

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

### 5.2 Breakdown of NSW coal industry activities

If your business is not 100% engaged in the NSW coal industry, please enter as a percentage in the relevant risk category(s) below with regards to the component of your business engaged in the NSW coal industry. This figure must add up to 100% of your NSW coal industry related activities.

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

### 5.3 Business activities performed in NSW not relevant to coal industry

Do you have employees working in NSW 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](#).

#### Details of employees and wages

| From Inception Date: _____ To: 30 June 2026 Insurance period                                   |  |              |
|--|--|--------------|
| Total Employee Numbers<br>(Full time equivalent employees including apprentices if applicable) |  |              |
| Estimated Wages  |  |              |
| Gross wages<br>(Including apprentice wages if applicable)                                      |  | A            |
| Superannuation<br>Guarantee Levy Amount  |  | B            |
| <b>Total Gross Wages (A+B)</b>   |  | <b>A + B</b> |

### 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 |
|----------------|---------|---------------|------------------|-----------------------|
| 2024 - 25      |         |               |                  |                       |
| 2023 - 24      |         |               |                  |                       |
| 2022 - 23      |         |               |                  |                       |

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:

**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 policyholders under Clause 37A of the Policy Schedule. If you would like to read about the full offer to extend accident pay or about how to elect to take extended cover for your accident pay please [click here](#). If you wish 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 Agreement?**

Yes  No

i.e. the Black Coal Mining Industry Award 2010

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:

## 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

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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/>