SafeCare workers compensation new business quote request

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545





For the States of Western Australia, NSW, ACT, Northern Territory and Tasmania. Pursuant to the Workers Compensation legislation in force in the State or Territory for which this cover is proposed.

The proposed insurance												
Insured name												
Trading as (if applicable)												
ACN				ABN (Ti	rust ABN if app	olicable)						
Premises where trade or business is carried out							State		P	ostcode	2	
Postal address							State		D	ostcode		
Telephone	()		Fax	()		Co	ntact		[osicout		
Nature of trade or business	,			,								
Estimated wages/employee numbers for ensuing period	Wages				Em	Employee numbers						
	Apprentice	e wages (NSW only)									
Inception date	1	1										
Do you employ any Section 45	7 Visas and/or	overseas seaso	nal worke	ers?						Yes	No	
Is this a new venture?								Yes	No			
Claims and wages histor	v (5 voars)											
Claims and wages histor		isted										
Claims and wages histor Please attach detailed report to Year Wages		isted Insurer			Paid			Out	standi	ng		
Please attach detailed report					Paid			Out	standi	ng		
Please attach detailed report					Paid			Out	standi	ng		
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Please attach detailed report					Paid			Out	standi	ng		
Please attach detailed report (Year Wages	or any claims l	Insurer	xcess of	\$750,000 in N				Out	standi	ng Ye	es M	No
Please attach detailed report (Year Wages Grouping (NSW only)	or any claims l	Insurer		\$750,000 in N				Out	standi			No No
Please attach detailed report of the Wages Grouping (NSW only) Are you a member of a group	or any claims l	Insurer		\$750,000 in N				Out	standi	Ye		
Please attach detailed report for the Year Wages Grouping (NSW only) Are you a member of a group Have you registered with Work What is your group number?	that pays comb	insurer line line line line line line line line	o?					Out	standi	Ye		
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