

Application for an Accident Insurance Policy

19 Have you ever held a workers' compensation policy in Queensland?

Yes (go to Q20) No (go to Q21)

20 Details of previous policy

Policy number _____

Policyholder name _____

Employment particulars

21 Date you first employed or will first employ in Queensland

Date _____ Month _____ Year _____

Wage details

22 Gross wages/salaries, commission and other amounts including board and lodging paid to all workers.

(Please attach additional pages if needed.)

Office use only WIC Code	Business activity <i>List the primary or predominant activity for each separate business location</i>	Average number of workers for each separate business activity	Estimated total wages <i>To be paid from start date to employ to 30 June</i>

If you are unable to complete these questions, please state the reason for making an application for a policy.

23 Has any worker suffered a work injury after the date you first employed?

yes (see below) no (go to Q25)

If yes, injured worker's particulars

Full name _____

Date of birth / / _____

Injury date _____

Injury particulars _____

24 Has a claim been lodged with WorkCover?

Yes (see below) No (go to Q25)

If yes, what is the WorkCover claim number?

Excess buyout

25 Do you wish to insure against the payment of the claim excess?

(See front page for details)

I do not wish to insure against the excess

I wish to insure against the excess

If this question is left unanswered, we will assume that you do not want the excess buyout option.

Declaration

Please carefully read this application before signing this declaration. Return the entire application with the signed declaration.

Only the employer or the employer's authorised representative can sign this document, verifying that all details are correct. It is an offence under the *Workers' Compensation and Rehabilitation Act 2003* to provide false or misleading information to WorkCover.

I/We warrant the truth of the above statements

Delete words not applicable

Employer/Public Officer or Agent's signature
(for a partnership, each partner must sign)

Signature _____

Print name _____ Date _____

Position held if Public Officer or Agent _____

Suburb/town _____

Employer/Public Officer or Agent's signature
(for a partnership, each partner must sign)

Signature _____

Print name _____ Date _____

Position held if Public Officer or Agent _____

Suburb/town _____

Attach additional pages if needed.