

GIO Workers Compensation – Tasmania

Quotation request

Attention

Date

/

/

From

Company

Customer details

Contact name

Position/title

Business phone

()

Fax number

Email address

Mobile number

Full name of company/sole proprietor/partnership/trust/other (legal entity)

Business trading name (if applicable)

Australian Company Number (ACN) (if applicable)

Australian Registered Business Number (ARBN) (if applicable)

Australian Business Number (ABN) (if applicable)

Are you registered for GST purposes?

Yes

No

If so, please advise your percentage entitlement to Input Tax Credits on your insurance premium

%

Business description (e.g. Retailing sporting goods store)

How long has the business been in TAS?

New

1-4 years

5-8 years

8 years plus

Principal place of business (details of full address where the majority of employees are working)

Postal address (if different from above)

Insurance details (cover cannot commence prior to the quotation date)

Current insurer

Expiry date

/

/

Period of insurance requested

/

/

at 4:00pm

to

/

/

at 4:00pm

Insurance history

Has your business transferred from another State or Territory?

Yes

No

Has your business been insured for workers compensation during the past 4 years?

Yes

No

Has your business been transferred or purchased from another entity within the last 4 years?

Yes

No

WORKERS COMPENSATION

AAI Limited ABN 48 005 297 807 trading as GIO
17475 01/07/13 A

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If 'Yes', name of other entity

If 'Yes', to any of the above, please complete the following table:

Period	Number of claims	Amount paid	Amount outstanding	Total incurred	Number of workers	Wages amount
Last year						
Prior year						
Year 3						
Year 4						

*Important: GIO requires a current claims history report from previous insurer(s) prior to offering a quote.

Wage details

Class of employees

Estimated wages of all workers (other than family members/working directors which are to be listed in the table below):

	Number of workers	Estimated gross total wages
Direct workers		\$
		\$
		\$
Aircrew		\$
Underground mining		\$
Ship crews and offshore risks		\$

Family members/working directors

Estimated wages of all workers (other than family members/working directors which are to be listed in the table below):

Name of family members/ working directors	Relationship to employer	Occupation	Estimated gross total wages
			\$
			\$
			\$

Contractors

Contractors/subcontractors		Number of workers	Estimated remuneration for the full value of the contracts
Description of work (e.g. bricklaying)	Type of contractors (Labour only; labour and materials; labour, plant and materials)		
			\$
			\$
			\$
			\$

Do you insist on evidence of workers compensation insurance from contractors?

No ☐ All contractors ☐ Only some contractors ☐ Do not engage contractors ☐

Although included in the figures above, please specify the number of workers and estimated gross total wages of workers handling asbestos:

Number of workers Estimated gross total wages \$

General questions

- a. Do you have a documented Occupational Health and Safety (OH&S) policy and/or safety procedures? Yes ☐ No ☐
(If 'Yes', please attach a copy)
- b. Do you engage temporary/part-time/casual or seasonal workers?
Regularly – more than once a month ☐ Sometimes ☐ Never ☐
- c. Do you insist on evidence of workers compensation insurance from contractors?
No ☐ Only some contractors ☐ All contractors ☐ I/we do not engage contractors ☐
- d. Do you conduct on the job training and/or safety training? Yes ☐ No ☐
- e. Do you conduct pre-employment medicals? Yes ☐ No ☐
- f. Do you have an injury management program in place? (If 'Yes', please attach a copy) Yes ☐ No ☐
- g. How long has the business operated in the State or Territory for which cover is required?
0-4 years ☐ 5-8 years ☐ 8 years plus ☐
- h. Are suitable alternative duties available for return to work programs? Yes ☐ No ☐
- i. Are you presently conducting business in another State or Territory? Yes ☐ No ☐
(If 'Yes', please provide details of the workers compensation cover which you have in place in that State or Territory)

How to return this form

- > Email: giowctas@gio.com.au
- > Fax: 03 6223 8973
- > Post: Tas Policies, GPO Box 509,
Hobart, TAS 7001

How to contact us

- > Phone: 13 10 10
- > Web: gio.com.au

Who we are

This insurance is issued by AAI Limited ABN 48 005 297 807 trading as GIO.