



Employer's
Name
and
Address

Policy No:

Expiry Date:

Workers' Compensation Return-Wages and Salary

DECLARATION/ESTIMATION OF WAGES

Period of Insurance to which this return relates: Actual _____ to _____
Estimate _____ to _____

As your policy is due for renewal in the near future, under Section 160(2) of the Act you are required to supply to QBE Insurance (Australia) Limited, within four weeks of the expiry date of your policy; a declaration of actual wages for the expired period and, an estimate of wages for the ensuing period.

Please complete the schedules applicable to your workplace.

| | | | | |
|--------------------------------|-----|---|-----|----|
| SCHEDULE 1 | (a) | Do you, or do you expect to, contract out any of the work in connection with the business? | Yes | No |
| CONTRACTORS/ SUBCONTRACTORS | (b) | If the answer to (a) is 'Yes', will you satisfy yourself that contractors/subcontractors are insured for workers' compensation by obtaining letters of indemnity from them? If the answer to this question is 'No', please complete (c) below. | Yes | No |
| | (c) | Alternatively, do you wish to include such indemnity in the insurance now proposed? If 'Yes', please complete the following | Yes | No |

| | Name of contractor/subcontractor and nature of work | Actual \$ | Estimated \$ |
|-----------------------------|---|-----------|--------------|
| Labour Only and/or | | | |
| Labour and Plant and/or | | | |
| Labour and Materials and/or | | | |
| Labour, Plant and Materials | | | |

SCHEDULE 2 Complete this section to include cover for Directors and Relatives
DIRECTORS AND RELATIVES NOTE: ANY DIRECTORS OR RELATIVES NOT INCLUDED ARE **NOT** INSURED

| Name in Full | Age | Relationship | Occupation | Actual \$ | Estimate \$ |
|--------------|-----|--------------|------------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE 3
GENERAL EMPLOYEES, FULL TIME, PART TIME OR CASUAL

| | | | | | | |
|---|---|--|--|-----------|--------------------------------------|--------------|
| DETAILS OF WAGES Give details of actual wages paid during the period expiring and estimated wages for the proposed period of insurance Note "Wages" means ALL amounts paid in money or money's worth and includes overtime, bonuses, allowances, commissions and the value of cash substitutes | PLEASE STATE ALL LOCATIONS, INDUSTRY AND ACTIVITIES PERFORMED | | Average number of workers for each description | | Wages of workers of each description | |
| | LOCATION: | | Actual | Estimated | Actual \$ | Estimated \$ |
| | INDUSTRY: | | | | | |

| Total wages as indicated in Schedule 1, 2 and 3 | Actual number of employees | Actual Wages | Estimated number of employees | Estimate Wages |
|---|----------------------------|--------------|-------------------------------|----------------|
| | | | | |

DECLARATION

Signed Dated

The above information is correct and may be verified by inspection of my wages books and other relevant records