

Application and Renewal Form

1. Business Details

Legal name of Employer

Registered Business Name

Name of trust

ABN of employer or trustee

ACN/ARBN

Existing policy number

Period of insurance (DD/MM/YYYY)

From

To

Location of business premises

Street name and number

Suburb

Postcode

Postal address (if different from business premises)

Street name and number

Suburb

Postcode

Policy Contact

Contact name

Contact position

Phone

Mobile

Email

Website

Additional information attached (for multiple sites/multiple Business Activities and/or Grouping information)

How To Submit Your Form:

Submit your completed form via email or post.

How To Connect With Us?

P: 13 44 22 **E:** cis@icare.nsw.gov.au

GPO Box 4052, Sydney NSW 2001

2. Business Activity (tell us about your business activity and the goods/services you produce/handle/supply)

3. Estimate wages for the period of insurance

3.1 Employee wages (including apprentice wages and labour component of any sub-contractors)

| Description of work performed | Total no. of workers (including apprentices) | Total gross wages (\$) (including apprentices) |
|-------------------------------|---|---|
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Do you anticipate any of your workers in the course of their employment will handle, process or manufacture products containing asbestos? Yes No

3.2 Details of any asbestos handling wages included in section 3.1.

| No. of workers | Description of work | Total asbestos wages (\$) |
|----------------|---------------------|---------------------------|
| | | |
| | | |
| | | |

3.3 Details of apprentices included in section 3.1

| Apprenticeships | | Total no. of apprentices | Total gross wages (\$) of apprentices |
|-----------------|-------------|--------------------------|---------------------------------------|
| Course name | Course code | | |
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4. Business Structure/Group Update

Are you a member of a group?

Yes No



If yes, have you registered with icare as a member of a group?

Yes No. If no, please contact icare to update your grouping details



What is your group number

Have you purchased or sold any part(s) of your business?

Yes No



If yes, please contact icare to discuss the changes to your business.

5. Product Options/Information

Product Options

Large claim limit \$350,000 \$500,000

Security deposit Yes Renewal Premium Adjustment Yes

Self-assessment of WHS and RTW programs

(Employer Name) acknowledge and understand our obligations in respect of work health and safety and workplace injury management under NSW law.

We have an active WHS management system

We employ a suitably qualified and experienced safety professional

We have a Risk Profile that includes WHS risks

We have a WHS strategy detailing continuous improvement initiatives

A WHS Gap Analysis is completed by an independent party every 2 years

Senior leaders receive regular reports/information on key safety metrics

We have a SIRA compliant return to work (RTW) program

Is your WHS management system certified?

Yes No



If yes, what is your certification reference.

Please contact icare should you wish to discuss this self-assessment. You may be asked to provide documentation to support the above questions.

6. Understanding LPR and my performance

We understand the risks and benefits associated with being part of the LPR scheme

I would like to speak to icare about improving my performance

7. Declaration (by CEO or authorised senior executive)

Name

Position

Phone

Email

Signature

Date (DD/MM/YYYY)