



WORKERS' COMPENSATION NEW BUSINESS REQUEST FORM

QBE Workers' Compensation (NSW) Limited
ABN 95 003 195 604

FACSIMILE

To: MTA / QBE Workers' Compensation

Fax: (02) 9212 6889

Tel: (02) 9213 4222

NSW WORKERS' COMPENSATION REQUEST FOR COVER

Please issue cover for workers' compensation insurance to the following employer

Employer:			
Trading as (if applicable):			
ACN:	ABN:	ITC:	%
Premises where trade or business is carried out:			
		Post Code:	
Postal Address:			
		Post Code:	
Phone:	Fax:	Contact:	
Nature of trade of business:			
Estimated wages for ensuing 12 month period (excluding Apprentice Wages): \$ _____			
Registered Apprentice Wages - Estimate Only (if applicable): \$ _____			
Total Number of Employees: _____			
Existing Policy – Current Insurance Expiry Date:		/ /	
Previous Insurer:		New Policy – Date: / /	
Is this a new venture? (Please circle one) Yes / No (If "NO", please read below).			
If NO , the current insurer must be advised that policy with them is to be cancelled PRIOR to 4:00PM on the day (policy expiry date). You will need to complete the attached form:- " POLICY CANCELLATION REQUEST ", prior to your policy expiry date and send back to our office along with this application.			
I authorise QBE Workers' Compensation (NSW) Limited to supply the Motor Traders' Association of NSW with claims information on my policy.			
Signed: _____		Date: _____	
(Position)			