

# APPLICATION FOR A WORKSAFE INSURANCE POLICY

WorkSafe use only  
Policy effective date

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## EMPLOYER DETAILS

### 1. Name of your WorkSafe Agent

  


### 2. Legal Name of Employer

Your legal name may be different from your trading name. If a trust, give the name of the trustee, and the trust (see page 3 for examples).

  


### 3. Type of Entity

- ☐ Sole proprietor
- ☐ Partnership
- ☐ Company (registered under Corporations Act)
- ☐ Trustee
- ☐ Other (give details)

  


### 4. If applicable, Australian Business Number and Australian Company Number

ABN

ACN

### 5. Have you registered or do you intend to register for GST?

- ☐ Yes ☐ No

If Yes, provide a copy of your GST certificate to your WorkSafe Agent.

### 6. Company directors or business owners

Surname	Given Names

### 7. Contact person

We recommend the contact person be an employee or the business owner, not an external accountant or solicitor.

Name

Position

Mailing Address

  
  


Telephone

Mobile Phone

Fax

Email

Website

## BUSINESS DETAILS

### 8. Why are you making this application? (tick any that apply)

- ☐ employing, or intending to employ, workers
- ☐ employing, or intending to employ, apprentices or trainees
- ☐ setting up your own new business
- ☐ buying a business that was previously unrelated to you
- ☐ a merger involving the formation of a new company
- ☐ a sole trader or partnership converting to a company
- ☐ a company converting to a sole trader associate or a partnership
- ☐ as a result of entering into insolvency i.e. appointment of a liquidator, trustee for a bankruptcy or a receiver and manager
- ☐ a change of partners in a partnership

Other reason (give details)


### 9. Employment commencement date (see page 4)

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### 10. Do you wish to take up the Policy excess and Buy-out option?

- ☐ Yes ☐ No

### 11. Have you purchased or taken over an existing workplace or business?

- ☐ Yes ☐ No

If applicable, Legal name of previous employer

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WorkSafe Employer Number

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What is your relationship to that employer?

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### 12. If you answered Yes to question 11,

**At any time, did any person (or any of their associates) who has a direct or indirect interest in your business also have a direct or indirect interest in:**

- the workplace you have purchased or taken over? ☐ Yes ☐ No
- a business that is connected, associated or related to the workplace you have purchased or taken over? ☐ Yes ☐ No

### 13. Does any of your staff primarily provide services to another business?

- ☐ Yes ☐ No

### 14. Are the operating requirements of your business (including raw materials, facilities, resources, administration and services) substantially supplied to you by one other business?

- ☐ Yes ☐ No

### 15. Do you have a holding or subsidiary company?

- ☐ Yes ☐ No

Under section 50 of the *Corporations Act 2001* a holding subsidiary relationship will exist if:

- a company holds more than 50% of the issued share capital of another company; or
- a company controls the composition of the board of directors of another company under section 47 of the *Corporations Act 2004*; or
- a company can cast or control the casting of more than 50% of the votes which can be cast at a general meeting.

### 16. Do you or any entity that substantially influences the running of your business have a substantial influence over the operations of another business?

- ☐ Yes ☐ No

This influence could be through ownership or in any other way.

### 17. Does your business RECEIVE all the goods produced or services provided by another business?

- ☐ Yes ☐ No

### 18. Does your business SUPPLY its goods or services to less than four other businesses?

- ☐ Yes ☐ No

### 19. Is your business involved with any other business or with businesses represented together as a single business?

- ☐ Yes ☐ No

**If Yes to any of questions 13 to 19**, provide details of other businesses, if more than 2, attach information on a separate page.

Business Name

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WorkSafe Employer Number

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Workplace Address


Business Name

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WorkCover Employer Number

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Workplace Address


### 20. Have you been notified by the State Revenue Office of Victoria that you are a member of a group under the Pay-roll Tax Act 1971?

- ☐ Yes ☐ No

## WORKPLACE DETAILS

If you have more than one workplace, copy and complete the workplace details section of the form for each additional workplace.

### 21. How many workplaces do you have?

### 22. Business or trading name

  


### 23. Physical location of workplace

  
  
  


### 24. Workplace commencement date

This is the date you started, or will start, employing at this workplace.

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### Your activity and revenue/costs

For more information and examples, see page 5.

### 25. What do you consider is your predominant activity in this workplace and why?

  
  
  


### 26. List the key goods or services that you intend to produce or provide at the workplace.

  
  


### 27. List the key types of raw materials, classes of equipment, or processes used to produce or supply the goods or services.

Raw Materials:

  


Equipment:

  


Processes:

  


### 28. Do you own the goods you sell?

☐ Yes ☐ No ☐ Not applicable

### 29. Does this workplace supply goods or services mainly or wholly to any other workplace in your business

☐ Yes ☐ No

If Yes, provide workplace address.

  
  


### 30. Do you have substantial dealings with a business that shares or that neighbours your workplace?

☐ Yes ☐ No

For example:

- raw material or initial product supplied by one business is processed to a finished product by another business
- product made by one business is sold or marketed by another.

### 31. Revenue and costs for the next twelve months

Product / service	Sales / revenue - the gross amount you receive from selling your goods or services	Cost of goods sold or services provided - the cost of raw materials (if any), the cost of equipment used in your business, energy costs, etc	Cost of labour - all costs relating to your workforce including salary/wages, training costs, superannuation, benefits, etc

32. Estimate of rateable remuneration (see page 5)

Rateable remuneration	For CURRENT YEAR ending 30 June	For NEXT YEAR ending 30 June	Do not include remuneration and superannuation for exempt apprentices and/or exempt trainees. Penalties may apply if you underestimate remuneration. If you become aware that your actual remuneration will exceed, or is likely to exceed, your latest estimate by more than 20%, you must tell your WorkSafe Agent of your revised estimate within 28 days.
Salaries and Wages	\$	\$	
Contractors deemed to be your workers	\$	\$	
Rateable Fringe benefits	\$	\$	
Other remuneration	\$	\$	
Superannuation	\$	\$	
Total Rateable Remuneration	\$	\$	

33. How many workers do you expect to employ for this year?

Full Time

Part Time

Apprentices/ Trainees to a Company

34. Estimate exempt remuneration for apprentices and/or trainees

Current Year

\$

Next Year

\$

CONSENT AND DECLARATION

COLLECTION OF PERSONAL INFORMATION

Personal information is collected by WorkSafe or WorkSafe Agents on this form for the purpose of assessing your application for a WorkSafe Insurance Policy. Personal information collected on this form may also be used and disclosed for the purpose of administering and evaluating the WorkSafe Insurance scheme and other related purposes. To fulfil these purposes, WorkSafe or WorkSafe Agents may disclose the personal information collected on this form to each other, or to organisations such as other authorised agents and service providers.

If you do not provide any part or all of the information requested, your application may not be processed. If you wish to access your personal information, you may contact WorkSafe’s Freedom of Information officer or the WorkSafe Agent.

You can access the WorkSafe Privacy Policy at [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au).

- The applicant declares that any personal information disclosed on this form and any further personal information provided in connection with WorkSafe Insurance has been or will be collected, used and disclosed in accordance with applicable privacy legislation.
- The applicant consents to the use and disclosure of any personal information, which is collected on this form or further provided in connection with WorkSafe Insurance, for the purposes outlined in ‘Collection of Personal Information’.

Signature of Person authorised to act on behalf of the Employer

Date of Signing

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Print Full Name (use block letters)

Print Title

FALSE OR MISLEADING INFORMATION

Before completing this declaration it is important that you ensure you have provided all relevant information and that the information provided is true and correct.

To provide false or misleading information is a serious offence under the *Accident Compensation Act 1985* and the *Accident Compensation (WorkCover Insurance) Act 1993* which can result in your incurring severe penalties or imprisonment.

- I understand that WorkSafe will assess this application for WorkSafe Insurance on the basis of the information provided in this form. I have understood the questions set out in the form and understand the information which I have provided.
- I am authorised by the applicant to complete this form and sign this declaration on behalf of the applicant.
- The applicant declares that all relevant information has been provided in answer to questions on this form and that the information given is true and correct.