



WCRA Industry Cover 2008/09 Program Application



Please complete all sections and return to:

Allianz Australia Insurance Limited
GPO Box 5429, Sydney, NSW, 2001

Attention: Sharon Goodman, Business Account Manager

Ph: 1300 20 40 11 Dir: (02) 8258 5216, Fax: (02) 9266 7670, E-mail: wcraindustrycover@allianz.com.au

PART A – REQUEST TO JOIN WCRA INDUSTRY COVER

Employer information

Employer Legal/Entity Name: _____

Street Address: _____ Postcode: _____

ABN: _____ Postal Address: _____

Contact Name: _____ Telephone: _____ Email: _____

Are there any related companies/businesses having separate policies to be transferred into WCRA Industry Cover? Yes No
If yes, please complete a separate form for each business entity. Photocopies of this form are acceptable.

Do you currently have an insurance broker? Yes No

If yes, name of your broker/company: _____ Contact Name: _____

Are you an WCRA Member? Yes No WCRA Membership number: _____

If no, are you a Business Partner, Sponsor or member of an affiliated Industry Association of WCRA? Yes No

Name of employer body: _____ Membership number: _____

Workers' compensation insurance under WCRA Industry Cover is provided by the preferred Scheme Agent:
Allianz Australia Workers' Compensation (NSW) Limited A.C.N. 003 087 545

Appointment of Allianz as your new Scheme Agent and issue a new policy

Please issue 12 months cover commencing from 4 p.m. / / 20 To 4 p.m. on: / / 20

Detailed Description of Business (What is the main activity of the business?)

Detailed Description of Business (What are the other activities of the business?)

Estimated wages by business activity

WorkCover Industry Classification (WIC code or description)	No. Employees	Gross Wages (\$)	Superannuation (\$)	Termination/Long Service Leave (\$)

You will receive written confirmation of your insurance coverage from your Business Account Manager whilst the Policy is being processed.

----- (perforation for tear off) -----

Instruction to your current Scheme Agent to cancel the expiring policy

Current Scheme Agent: _____ Policy number: _____

Direction: Please cancel my workers compensation policy upon expiry as of / / 20

Reason: Insured elsewhere _____

Note you cannot change Scheme Agent until your policy expires. Please complete and return this form to Allianz before 4pm on the day of expiry.

Signature of Authorised Officer and Privacy Authorisation

By completion of this Request I/we consent to the sharing of confidential claims, policy and premium information by Allianz with WCRA and the appointed insurance and OH&S advisers to the WCRA Industry Cover Program.

Name of duly authorised officer: _____ Phone: _____

Position in business/company: _____

Signature: _____ Date: _____