

Covernote Request – 30 Days

Covernote Details

Employer Commencement Date _____

Legal Name of Company _____

ACN _____ ABN _____

Company Details

Risk Address _____

Suburb _____ Postcode _____

Postal Address _____

Suburb _____ Postcode _____

Contact Person _____

Phone No _____ Fax: _____

Email _____

Number of Workplaces _____ Number of Employees _____

Intermediary Details *(if applicable)*

Intermediary Company Name _____

Intermediary Number *(if applicable)* _____ Contact Person _____

Phone Number _____ Email _____

Submission

Please note that a faxed copy of this Covernote request is acceptable. Gallagher Bassett will confirm by providing your organisation with a policy number within 24 hours of receipt of this form. This Covernote is effective for 30 days. We will also mail you a formal registration form. This form **MUST** be completed and returned to us before 4pm on the expiry date of the Covernote. This will ensure that your organisation is not placed at risk of being uninsured. If you have not received the Registration Form within 7 days, please call our Premium Department on 1800 774 377.

Please fax this form to (03) 9297 9015.