

## NSW Workers' Compensation

## Request for New Policy

## Company Details

Inception Date: \_\_\_/\_\_\_/\_\_\_

Expiry Date: \_\_\_/\_\_\_/\_\_\_

A.C.N. : \_\_\_\_\_

A.B.N. : \_\_\_\_\_

Business Name : \_\_\_\_\_

Trading Name (if applicable) : \_\_\_\_\_

Business Type (please circle):    Company    Sole Trader    Partnership    Trust    Organisation

## Employer Contact Details

Employer Postal Address : \_\_\_\_\_

\_\_\_\_\_

Employer Situation Address : \_\_\_\_\_

\_\_\_\_\_

Contact Name : \_\_\_\_\_

Phone No : \_\_\_\_\_ Fax No : \_\_\_\_\_ Email : \_\_\_\_\_

## Business Information

What is the main activity of the business? Please provide full details : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What industry is the business involved in? : \_\_\_\_\_

Estimate number of employees : \_\_\_\_\_ Estimated wages : \$ \_\_\_\_\_

Have you purchased an existing business? : Yes / No    Previous WorkCover Agent : \_\_\_\_\_

## Intermediary Details (if applicable)

Intermediary Company Name : \_\_\_\_\_

Phone No : \_\_\_\_\_ Email : \_\_\_\_\_