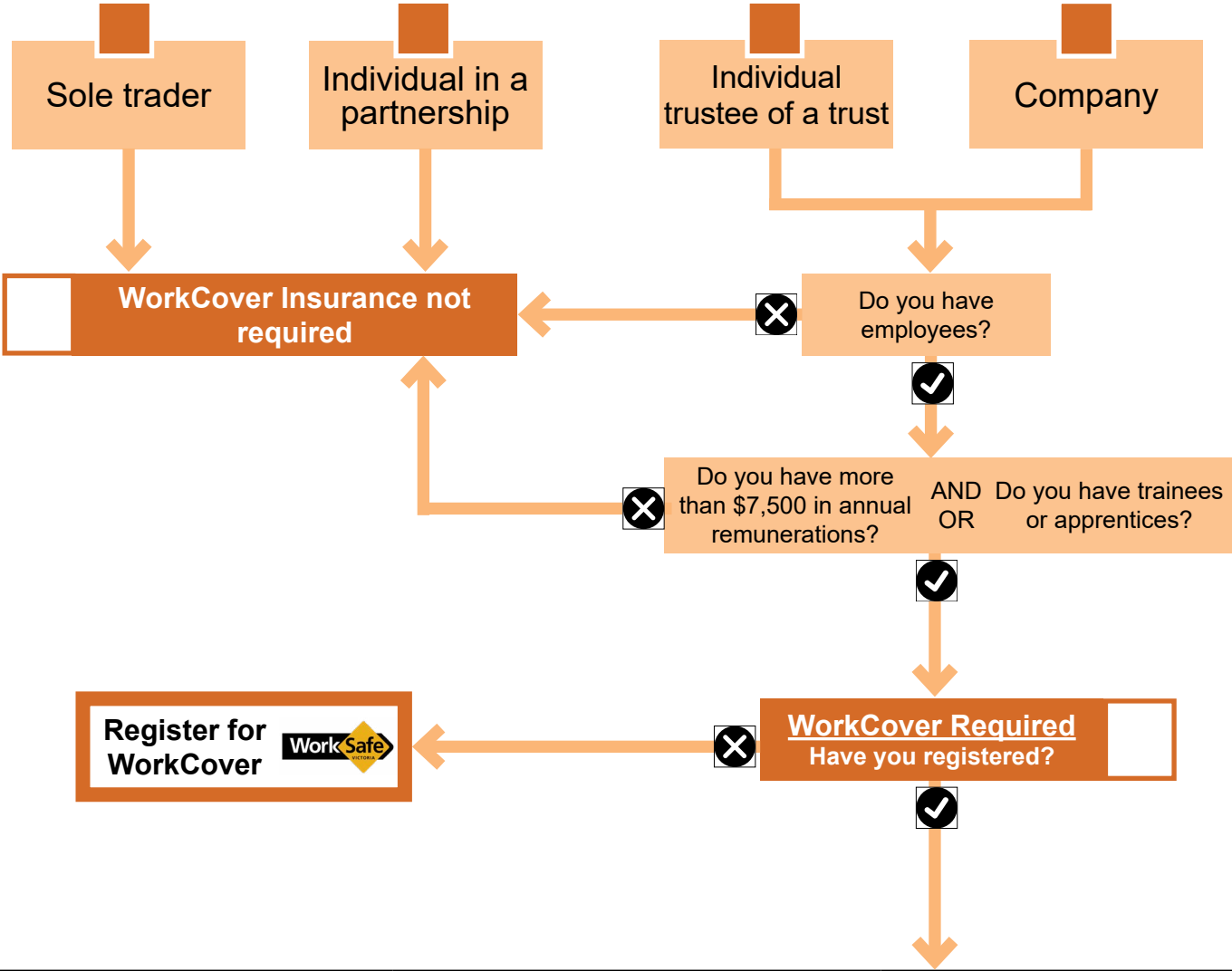




Insurances protect businesses by providing cover in the event that things do not go to plan. Use the form below to check your cover and submit evidence of the insurances you hold as a contractor. Your suitability will be based upon the answers and attachments submitted to the principal contractor for the project.

## Business Structure

What type of business do you have?



WorkCover		office use only	
WorkSafe Employer Number:	<hr/>	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Certificate of currency:		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Have you had any WorkCover claims?	no <input type="checkbox"/> yes <input type="checkbox"/>	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

form



<b>Public Liability Insurance</b>		<i>office use only</i>	
Policy provider:	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Public liability certificate:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Income protection</b>			
Policy provider:	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Income protection certificate:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Tool insurance</b>			
Policy provider:	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tool insurance certificate:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Life insurance</b>			
Policy provider:	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Life insurance certificate:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Total and Permanent Disability Insurance</b>			
Policy provider:	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Disability insurance certificate:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		<b>POINTS</b>	

Additional comments:

