

002545 2064 EMAIL
Glenn Meiners
CARE AUSTRALIA
Level 4 53 Queen Street
MELBOURNE VIC 3000

Issue date:

28/08/2023

Statement of coverage

The following policy of insurance covers the full amount of the employer's liability under the *Workers Compensation Act 1987 (NSW)*.

Employer name:	Policy number:	Valid:
CARE AUSTRALIA	224902401	30/06/2023 - 30/06/2024
Business name:	ABN:	ACN:
	46 003 380 890	003 380 890

Industry classification number (WIC) ³	Number of workers ¹	Wages/units ²
784200 Accounting Services	4	\$416,643.00

1. Number of workers includes contractors/deemed workers
2. Total wages/units estimated for the current period
3. The policy covers all workers employed by the entity named on this certificate in the course of its primary business activity or any other activities ancillary to its primary business activity as required.

Important information

Principals relying on this certificate should ensure it is accompanied by a statement under section 175B of the *Workers Compensation Act 1987 (NSW)*. Principals should also check and satisfy themselves that the information is correct and ensure that the proper workers compensation insurance is in place, i.e. compare the number of employees on site to the average number of employees estimated; ensure that the wages are reasonable to cover the labour component of the work being performed; and confirm that the description of the industry/industries noted is appropriate. A principal contractor may become liable for any outstanding premium of the sub-contractor if the principal has failed to obtain a statement or has accepted a statement where there was reason to believe it was false.

Yours faithfully,



Peter Meighan
Underwriting Operations Manager
icare Workers Insurance