

WCRA Industry Cover

Managing Workers Compensation for the Waste
Contractors & Recyclers Association of NSW since 2006

Industry Cover for the Waste Contractors & Recyclers Association of NSW

Managing Workers Compensation for your industry can be complex. **Allianz has been a proud sponsor of WCRA since 2006** and has extensive experience in the Waste Industry, currently managing a large number of Waste Contractors in NSW. Through our existing partnership with the WCRA, Allianz would like to extend its offering to all Waste Contractors in NSW through a comprehensive Workers Compensation program tailored for the waste industry, including flexible payment options and upfront payment discount.

Why Allianz Workers Compensation?

Feature		Benefit
Dedicated Business Development Manager	➔	Single point of contact and transparent communication
Dedicated Claims Management Team	➔	Understand your industry and challenges in workers compensation to get the most cost-effective claims resolution
Dedicated underwriters to quickly process renewals	➔	Your employees are protected as soon as possible; Timely Certificates of Currency mean no interruptions to your business

At Allianz, we can help you reduce the cost of your claims and future premiums

How to join WCRA Industry Cover

- Complete the Transfer Form on the WCRA website and return to us prior to your policy renewal date
- Allianz will be in contact with your current insurer
- The policy will transfer to Allianz upon renewal

Contact

If you have any Workers Compensation queries, please contact your Business Development Manager.



Andrew D'Souza
Business Development Manager
Mob: 0429 478 260
Fax: 02 9266 7256
Email: andrew.d'souza@allianz.com.au



NSW Workers Compensation Application / Transfer Form

Please complete all sections and return to:

Andrew D'Souza

Email: andrew.d'souza@allianz.com.au, Phone: 02 8263 9267 Fax: 02 9266 7256

Employer information

Legal Name of Employer (Legal Entity or Trustee): _____ ABN: _____

Trust Name (if applicable): _____ ABN: _____

Street Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Contact Name: _____ Telephone: _____ Email: _____

Are there any related companies / businesses having separate policies to be transferred to Allianz? Yes No

If yes, please complete a separate form for each business entity. Photocopies of this form are acceptable.

Is this business a new venture? Yes No If No, have you purchased an existing business? Yes No

Name of previous owner and contact details: _____

Name of previous insurer: _____ Policy Number: _____

Do you have any outstanding premiums on your current policy? Yes No

If yes, name of your broker/company: **Agency No. 2913032** Contact Name: _____

Please note we may not be able to cancel your existing policy if you have outstanding premiums after your renewal date.

Workers' Compensation insurance is provided by:
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 on: To 4 p.m. on:

Detailed description of business (what is the main activity of the business?)

Please complete sections below

WorkCover Industry Classification (WIC code or description, if known)	No. Employees	Gross Wages (\$)*	Superannuation (\$)	No. Apprentices	Apprentices (\$) (incl Super)	Termination/Long Service Leave (\$)

Do the above apprentices have an approved Training Contract with the Department of Education and Training? Yes No * Not including Apprentice Wages

You will receive written confirmation of your insurance coverage from your Business Development Manager whilst the Policy is being processed, please note that upon receipt of your request a policy cannot be cancelled and premium must be paid.

Instruction to your current Workers' Compensation Provider to cancel the expiring policy

Current Workers' Compensation Provider: _____ Policy number: _____

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

Reason: **Insured elsewhere**

Note you cannot change Workers' Compensation Providers 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

Name of duly authorised officer: _____ Phone: _____

Position in business/company: _____

Signature: _____ Date: _____