Employers Name:

Policy No:
Expiry Date:

APOLLO
RISK SERVICES
AFSL: 403727 ABN: 60 367 225

WORKERS COMPENSATION
DECLARATION/ESTIMATION OF WAGES

Period of Insurance: Actual   to
                      Estimated   to

As your policy is due for renewal in the near future, under Section 160(2) of the Act you are required to supply the Insurer, within four weeks of the expiry date of your policy; a declaration of actual wages for the expired period and, an estimate of wages for the ensuing period.

Schedule 1
CONTRACTORS/
SUBCONTRACTORS

a) Do you, or do you expect to, contract out any of the work in connection with the business? Yes ☐ No ☐

b) If the answer to (a) is Yes, will you satisfy yourself that contractors/subcontractors are insured for workers compensation by obtaining letters of indemnity from them? Yes ☐ No ☐
If the answer to this question is NO, please complete (c) below:

c) Alternatively, do you wish to include such indemnity in the insurance now proposed? Yes ☐ No ☐
If, YES, please complete the following

	Name of Contractor/Subcontractor & Nature of Work	Actual $	Estimated $
Labour Only and/or			
Labour and Plant and/or			
Labour and Materials and/or			
Labour, Plant & Materials and/or			

Schedule 2
DIRECTORS & RELATIVES

PTY LTD COMPANY DIRECTORS AND RELATIVES OF INDIVIDUALS
NOTE: ANY DIRECTOR OR RELATIVE NOT INCLUDED IS NOT INSURED

Name In Full	Age	Relationship	Occupation	Actual $	Estimated $

Schedule 3
GENERAL EMPLOYEES, FULL TIME, PART TIME OR CASUAL

DETAIL OF WAGES Give details of actual wages paid during the period expiring and estimated wages for the proposed period of insurance. **NOTE** "Wages" means ALL amounts paid in money or money's worth and includes overtime, bonuses, allowances, commissions and the value of cash substitutes	PLEASE STATE ALL LOCATIONS, INDUSTRY & ACTIVITIES PERFORMED		Average Number of Workers for Each Description		Wages of Workers of Each Description	
	LOCATION:		**Actual**	**Estimated**	**Actual $**	**Estimated $**
	INDUSTRY:					

Total Wages as Indicated in Schedule 1, 2 & 3	Actual Number of Employees	Actual Wages	Estimated Number of Employees	Estimated Wages

DECLARATION
The above information is correct and may be verified by inspection of my wages books and other relevant records.

_____   _____
SIGNED   **DATED**