

## CERTIFICATE OF CURRENCY

FORM 1 AIR PTY LIMITED  
PO BOX 1575  
NEUTRAL BAY NSW 2089

Date of Letter: 20/01/2017

Dear Sir/Madam,

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### **1. STATEMENT OF COVERAGE**

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

**This Certificate is valid from 31/01/2017 to 31/01/2018.**

The information provided in this Certificate of Currency is correct at: 20/01/2017

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### **2. EMPLOYER'S INFORMATION**

POLICY NUMBER                   A20824016  
LEGAL NAME                       FORM 1 AIR PTY LIMITED  
TRADING NAME  
ABN                                   25 159 383 605  
ACN                                   159 383 605

WorkCover Industry Classification Number (WIC)	Industry	Numbers of Workers <sup>+</sup>	Wages <sup>*</sup>
423300	Air Conditioning and Heating Services	6	500,000.00

\* Number of workers includes contractors/deemed workers

\* Total wages estimated for the current period


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### **3. IMPORTANT INFORMATION**

Principals relying on this certificate should ensure it is accompanied by a statement under section 175B of the *Workers Compensation Act 1987*. Principals should also check and satisfy themselves that the information is correct and ensure that the proper workers compensation insurance is in place, ie. 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,

  
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Underwriting Department  
Employers Mutual  
UW Group 6