

Louise Shegog
FORM 1 FIRE PROTECTION PTY LIMITED
ATF THE SHIRLAW FAMILY TRUST
PO Box 1575
NEUTRAL BAY JUNCTION NSW 2089

issue date

09/11/2018

print date

09/11/2018

Dear Louise

statement of coverage

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

valid until

07/12/2019

policy number

123839801

legal name

FORM 1 FIRE PROTECTION PTY LIMITED ATF THE SHIRLAW
FAMILY TRUST

trading name

abn

73 909 430 396

acn

088 420 900

industry classification number (WIC)

423400 Telecommunication, Alarm and Security System Ins

number of workers*

46

wages/units⁺

\$3,876,000.00

* Number of workers includes contractors/deemed workers

+ Total wages/units estimated for the current period

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, 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,



Jason McLaughlin
General Manager, Loss Prevention and Pricing
icare workers insurance