

Louise Shegog
FORM 1 AIR PTY LIMITED
Unit 9 6-8 McLachlan Avenue
ARTARMON NSW 2064

issue date

25/01/2021

print date

25/01/2021

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

31/01/2022

policy number

124993101

legal name

FORM 1 AIR PTY LIMITED

trading name

abn

25 159 383 605

acn

159 383 605

industry classification number (WIC)

423300 Air Conditioning and Heating Services

number of workers*

6

wages/units⁺

\$857,675.00

* 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, Workers Compensation - Underwriting
icare workers insurance