

FORM 1 FIRE PROTECTION PTY LTD ATF THE SHIRLAW FAMILY TRUST
PO Box 1575
NEUTRAL BAY 2089

Date of Letter: 25/11/2016

Dear Sir/Madam,

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 07/12/2016 - 07/12/2017

The information provided in this Certificate of Currency is correct at: 25/11/2016

2. EMPLOYERS INFORMATION

POLICY NUMBER 22WOR3303611122

LEGAL NAME FORM 1 FIRE PROTECTION PTY LTD ATF THE SHIRLAW FAMILY TRUST

TRADING NAME FORM 1 FIRE PROTECTION PTY LTD

ABN

TRUST NAME THE SHIRLAW FAMILY TRUST

TRUST ABN 73909430396

WorkCover Industry Classification Number (WIC)	Industry	Numbers of Workers*	Wages+ / Units
423400	Telecommunication, Alarm and Security System Installation Services	44	\$3,700,000.00

* Number of workers includes contractors/deemed workers

+ Total wages estimated for the current period

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 confirmed 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,



Duncan Struthers
Team Manager

