Application to renew a self-insurer licence



Workers Compensation Act 1987 Workplace Injury Management and Workers Compensation Act 1998

This application is hereby made under section 211 of the *Workers Compensation Act 1987* (1987 Act) to renew the self-insurer licence.

| Act 1987 (1987 Act) to renew the self-insurer licence. | | |
|---|-------|----------|
| Section 1: Applicant information Name of applicant | | |
| ABN | | |
| Website | | |
| Business address (include unit/street/property/Lot or DP number if applicable - must not be a PO Box) | | |
| Suburb | State | Postcode |
| Postal address (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag) | | |
| Suburb | State | Postcode |
| Section 2: Primary contact for SIRA correspondence | | |
| Daytime contact number Email | | |
| Business address (include unit/street/property/Lot or DP number if applicable - must not be a PO Box) | | |
| Suburb | State | Postcode |
| Postal address (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag) | | |

State

Postcode

Suburb

Section 3: Applicant declaration

By signing this form

l, (authorised officer)

of (name of organisation

- certify all information provided by the applicant to the State Insurance Regulatory Authority (SIRA)
 is true and correct
- the information most recently provided under section 189 of the 1987 Act remains current and will not be misleading for SIRA to continue to rely on this information (otherwise please find separately attached the updated section 189 information)
- there have been no changes unless previously advised to SIRA in respect of the applicant's wholly owned subsidiaries named in Schedule 1 of the licence (for group self-insurers only)
- acknowledge that penalties may apply for providing false, misleading or incomplete information
- consent to SafeWork NSW disclosing and sharing information to SIRA about the applicant's work, health and safety performance (including breaches) under the *Work Health and Safety Act 2011*.

Signature

Date (DD/MM/YYYY)

Position

Section 4: Lodgement instructions

Attention to: Director - Insurer Performance

Workers and Home Building Compensation Regulation

State Insurance Regulatory Authority Locked Bag 2906, Lisarow, NSW 2252

Email: self&specialisedinsurers@sira.nsw.gov.au

Catalogue No. SIRA08748
State Insurance Regulatory Authority, 92–100 Donnison Street, Gosford, NSW 2250 Locked Bag 2906, Lisarow, NSW 2252 | Customer Service Centre 13 10 50 Website www.sira.nsw.gov.au

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