

Application for a self-insurer licence



State Insurance
Regulatory Authority

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) for a licence as a self-insurer.

Applicant information

Name of applicant organisation

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

Primary contact for SIRA correspondence

Name

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)

Suburb

State

Postcode

Applicant declaration

By signing this form

I, _____ (name of 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)
- 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

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