

Craig Shelton
5 92 Manning Street
TUNCURRY NSW 2428

Issue date:

8 June 2021

Dear Craig

Statement of coverage

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

Employer name:	Policy number:	Valid:
Wrinkled 1 Pty Ltd	113476201	01/07/2021 - 01/07/2022
Registered Business name:	ABN:	ACN:
Wrinkled 1 Pty Ltd	19 140 912 241	140 912 241

Industry classification number (WIC) ¹	Number of workers ²	Wages/units ³
963400 Waste Disposal Services	40	\$6,000,000.00

1. The policy covers all workers employed by the entity named on this certificate in the course of its primary business activity or any other activities ancillary to its primary business activity as required
2. Number of workers includes contractors/deemed workers
3. 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, i.e. 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,

Underwriting Team
icare Workers Insurance