

000040 0425 EMAIL
Peter Molloy
TEAKCRAFT PTY. LIMITED
PO Box 440
BONDI JUNCTION NSW 1355

Issue date:

16/08/2021

Dear Peter

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:
TEAKCRAFT PTY. LIMITED	120578601	30/09/2021 - 30/09/2022
Trading name:	ABN:	ACN:
BONDI PIPE FREEZING	46 050 043 359	050 043 359

Industry classification number (WIC) ³	Number of workers ¹	Wages/units ²
423100 Plumbing Services	7	\$554,950.00

- 1 Number of workers includes contractors/deemed workers
- 2 Total wages/units estimated for the current period
- 3 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

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,

Peter Meighan
Underwriting Operations Manager
icare Workers Insurance