

CONTRACTOR INSURANCE FORM

Personal	
Name	
Street address	
Home phone	Mobile phone

Business	
Name	
Postal address	
Phone	Fax
ABN	

Insurance	Name of insurer	Policy number	Expiry date	Total sum insured
Workers comp.				
Public liability				
Personal accident				

Statement	I hereby state that: <input type="checkbox"/> I am a sole trader or partnership without workers or subcontractors, OR <input type="checkbox"/> I have a current workers compensation policy which will remain valid for the duration of the work contract I have entered into	
	Period of contract ___ / ___ / ___ to ___ / ___ / ___	Nature of work

Contractor	Name	Signature	Date
Company representative	Name	Signature	Date