

Due Date	
Policy Number	
Client Number	
Policy Expiry Date	

Working Directors Declaration

Employer Details

The Insured

Policy Period

 / / to / /

Working Directors

Please declare any Working Directors you would like to cover under your workers compensation policy. Please provide the full name of each working director to be covered and their annual remuneration. Please do not include any amounts for working directors in the associated Form A/B/Insurance Proposal. Please complete this form and return to the above address with your Form A/B/Insurance Proposal or email to wcuw_ops@ccinsurance.org.au.

Working Director's name

Annual Remuneration

Employer Declaration

I hereby declare that:

1. I am authorised to complete this form and sign this declaration on behalf of the employer.
2. The information provided in this form (including any attachments) is true, correct and complete.

Name

Position

Date

Important Information:

Condition 10 in the workers compensation policy wording requires employers to keep accurate and up-to-date records ("your remuneration record") of the names of, amounts you pay, and dates of payments to your workers and contractors.