

## CERTIFICATE OF INSURANCE

**From:** Tayla Holmes

We hereby confirm that we have arranged the insurance cover mentioned below:

Wildcare Incorporated  
Private & Confidential  
GPO Box 1751  
HOBART TAS 7001

**Date:** 19/01/2022  
**Our Reference:** WILDCARE  
**RENEWAL**

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**Class of Policy:** Workers Compensation  
**Insurer:** Zurich Australia Insurance Limited  
5 Blue Street NORTH SYDNEY NSW 2060  
ABN: 13 000 296 640  
**The Insured:** WILDCARE INCORPORATED

**Policy No:** 295061PGWC  
**Invoice No:** 665445  
**Period of Cover:**  
From 31/12/2021  
to 31/12/2022 at 4:00 pm

**Details:**

See attached schedule for a description of the risk insured

**IMPORTANT INFORMATION**

The Proposal/Declaration:

- is to be received and accepted by the Insurer
- has been received and accepted by the Insurer

The total premium as at the above date is:

- to be paid by the Insured
- part paid by the Insured
- paid in full by the Insured
- paid by monthly direct debit

Premium Funding

- This policy is premium funded

AT THE TIME OF PRINTING ALL INFORMATION ON THIS CONFIRMATION IS CORRECT.  
HOWEVER, WE ARE NOT RESPONSIBLE FOR ANY CHANGES THAT MAY OCCUR AFTER THIS DATE.

Signature: .....

On behalf of: **Steadfast Taswide Insurance Brokers**

## Schedule of Insurance

**Class of Policy:** Workers Compensation  
**The Insured:** WILDCARE INCORPORATED

**Policy No:** 295061PGWC  
**Invoice No:** 665445  
**Our Ref:** WILDCARE

### WORKERS COMPENSATION INSURANCE

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Date 15/12/2021

Conventional

Class of Insurance Workers Compensation

Policy Number 295061PGWC

The Insured WILDCARE INCORPORATED

Business Description Administration Services

2006 ANZSIC Code	Effective Date	Expiry Date
69610 Corporate Head Office Management Services	31/12/2021	31/12/2022

Period of Insurance:  
From 31/12/2021  
To 4:00pm on 31/12/2022

Wording As per the current Zurich Workers Compensation Policy Wording

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#### Interest Insured:

Insured's legal liability to employees in respect of the Workers Rehabilitation and Compensation Act 1988

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#### Limit of Liability:

As per Workers Rehabilitation and Compensation Act 1988

This quotation is subject to the terms and conditions of the Zurich Employer Indemnity Policy wording and compliance with Zurich Australian Insurance Limited's WorkCover approved Injury Management Program. The quoted rate and/or premium has been calculated using the information provided to us and the following rating factors:- business classification, size of the business, claims experience (including claims costs recovered), commitment to work health and safety, and the employer's commitment to provide alternative duties. Commitment to work health and safety is measured by the employer's ability to actively follow their documented procedures and demonstrate it is having a positive impact on claims frequency and costs. Any change to the information supplied is required to be notified to Zurich, who reserves the right to alter the terms and conditions presented.

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Issued at:

## Schedule of Insurance

**Class of Policy:** Workers Compensation  
**The Insured:** WILDCARE INCORPORATED

**Policy No:** 295061PGWC  
**Invoice No:** 665445  
**Our Ref:** WILDCARE

Hobart on 15/12/2021

Zurich Australian Insurance Limited

ABN 13 000 296 640

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### Privacy:

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