

Record of Workers Compensation Policy Details - Form

Workers Compensation Policy Details

Part 1 – complete at beginning of policy coverage period

Completed by _____

Date _____

Insurer	Insurance policy provided by	
	Primary contact (insurer)	name: _____ position: _____
		email: _____ phone: _____
	Complaint contact	email: _____ phone: _____
Policy	Policy number	
	Commencement date	
	Expiration date	
Premium	Wage estimate	
	Industry classification	
	Other factors influencing premium (<i>eg claims made</i>)	
	Premium estimate (<i>made at beginning of policy period</i>)	
	Payment schedule	

Part 2 – complete at end of policy coverage period

Completed by _____

Date _____

Premium	Hindsight premium (<i>made at end of policy period</i>)	
	Premium adjustment	
	Reason(s) for adjustment	
Claims	Claims made during the policy coverage period	

