



Prior to completing this form and to ensure compliance, please read the [Assessment of Premium Rates and Industry Classifications: Loading and Appeal Policy](#) and the [Information Sheet: Loading and Appeal Process](#).

Section A - Insurer Details (To be completed by the insurer)		Date of Issue: <input type="text"/>
Insurer Name: <input type="text"/>		
Employer Legal Entity Name: <input type="text"/>		
WCN: <input type="text"/>	Policy Number: <input type="text"/>	Policy effective date: <input type="text"/>
Total premium before loading approval	\$ <input type="text"/>	(a)
Total premium if loading approved (full terms offered by insurer)	\$ <input type="text"/>	(b)
Name of insurer contact: <input type="text"/>		
Email: <input type="text"/>	Phone: <input type="text"/>	

Section B - Employer Declaration (To be completed by employer/employer's <i>authorised</i> representative)	
This form must be returned to the insurer within 30 days (from date issued by insurer) or an employer's right of appeal will be <u>forfeited</u> . Refer to the Policy (30(d)).	
<input type="checkbox"/>	I accept the total proposed premium (b) offered by the insurer and understand the financial implications of the premium loading and have no intention to appeal.
<input type="checkbox"/>	I do <u>not</u> consent to the total proposed premium (b) offered by the insurer. <i>By not consenting, you are appealing your premium and the nominated person below will be contacted by WorkCover WA. Refer to the Policy (point 20) and Information Sheet.</i>
<input type="checkbox"/>	I have changed/intend to change my insurer and acknowledge that a valid insurance policy must be maintained at all times.
Employer/employer's <i>authorised</i> representative:	<input type="text"/> Sign: <input type="text"/>
Position:	<input type="text"/> Date: <input type="text"/>
Email:	<input type="text"/> Mobile: <input type="text"/>

Section C - Information
Notes: <ol style="list-style-type: none">1. Premium in Section A excludes all costs outside of the base premium (e.g. GST, commission, brokerage etc.) and will adjust accordingly if wages increase/decrease.2. Reasonable efforts must be made to resolve disagreements prior to applications being lodged with WorkCover WA.3. An insurer's premium loading application must be lodged with WorkCover WA within 90 days from policy expiry.
WorkCover WA expects insurers proposing a premium loading to maintain insurance for 30 days from when <u>full terms</u> are provided to the employer.
An insurer must provide employers with a minimum of 30 days' notice (14 days, if no broker involved) when inviting an employer to renew a policy. This timeframe enables employers to seek alternative quotes.