

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

**Section A – Employer Policy Details** (To be completed by the insurer)

Date of Issue:

Insurer Name:

Employer Legal Entity Name:

WCN:

Policy Number:

Policy effective date:

**Option 1: Non-labour hire**

PRC		Wages	\$
Proposed premium rate loading	%	Proposed net premium	\$

**or**

**Option 2: Labour hire**

Total wages	\$	Total proposed net premium	\$
Total proposed premium as a % of total wages	%		

*Proposed net premium is the base premium only and excludes all other costs such as GST, commission, brokerage etc.*

Name of insurer contact:

Email:

Phone:

**Section B - Employer Declaration** (To be completed by employer/employer's authorised 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 forfeited. Refer to the APRIC Policy.

<input type="checkbox"/>	I accept the premium offered by the insurer and understand the financial implications of the premium loading and have no intention to appeal.
<input type="checkbox"/>	I do not consent to the premium offered by the insurer. By not consenting, you are appealing your premium and the nominated person below will be contacted by WorkCover WA. Refer to the APRIC Policy and Information Sheet.
<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 authorised representative:

Sign:

Position:

Date:

Email:

Mobile: