



ROBLAN PTY LTD
PO BOX 56
LEICHHARDT NSW 2040

Dear Sir/Madam,

1. STATEMENT OF COVERAGE

The following policy of insurance covers the full amount of the employer's liability under the *Workers Compensation Act 1987*.

This Certificate is valid from 30/06/2016 to 30/06/2017

The information provided in this Certificate of Currency is correct at: 06/07/2016

2. EMPLOYER'S INFORMATION

POLICY NUMBER 56765016
LEGAL NAME ROBLAN PTY LTD
TRADING NAME
ABN 74 000 595 415
ACN 000 595 415

| WorkCover Industry Classification Number (WIC) | Industry | Numbers of Workers* |
|--|---|---------------------|
| 256600 | Plastic Injection Moulded Product Manufacturing | 30 |
| 275900 | Sheet Metal Product Manufacturing nec | 14 |
| 461900 | Machinery and Equipment Wholesaling nec | 13 |

* Number of workers includes contractors/deemed workers
* Total wages estimated for the current period

3. IMPORTANT INFORMATION

Principals relying on this certificate should ensure it is accompanied by a statement under section 175B of the *Workers Compensation Act 1987*. Principals should also check and satisfy themselves that the information is correct and ensure that the proper workers compensation insurance is in place, ie. compare the number of employees on site to the average number of employees estimated; ensure that the wages are reasonable to cover the labour component of the work being performed; and confirm that the description of the industry/industries noted is appropriate.

A principal contractor may become liable for any outstanding premium of the sub-contractor if the principal has failed to obtain a statement or has accepted a statement where there was reason to believe it was false.

Yours faithfully,

Underwriting Department
Employers Mutual