



# SUBCONTRACTOR'S STATEMENT

## REGARDING WORKER'S COMPENSATION, PAYROLL TAX AND REMUNERATION (Note1 – see back of form)

For the purposes of this Statement a "subcontractor" is a person (or other legal entity) that has entered into a contract with a "principal contractor" to carry out work.

This Statement must be signed by a "subcontractor" (or by a person who is authorised, or held out as being authorised, to sign the statement by the subcontractor) referred to in any of s175B *Workers Compensation Act 1987*, Schedule 2 Part 5 *Payroll Tax Act 2007*, and s127 *Industrial Relations Act 1996* where the "subcontractor" has employed or engaged workers or subcontractors during the period of the contract to which the form applies under the relevant Act(s). The signed Statement is to be submitted to the relevant principal contractor.

### SUBCONTRACTOR'S STATEMENT (Refer to the back of this form for Notes, period of Statement retention, and Offences under various Acts.

Subcontractor: ..... ABN: .....  
(Business name)

of .....  
(Address of subcontractor)

has entered into a contract with ..... ABN: .....  
(Business name of principal contractor) **(Note 2)**

Contract number/identifier ..... **(Note 3)**

This Statement applies for work between: ...../...../..... and ...../...../..... inclusive, **(Note 4)**

subject of the payment claim dated: ...../...../..... **(Note 5)**

I, ..... a Director or a person authorised by the Subcontractor on whose behalf this declaration is made, hereby declare that I am in a position to know the truth of the matters which are contained in this Subcontractor's Statement and declare the following to the best of my knowledge and belief:

**(a)** The abovementioned Subcontractor has either employed or engaged workers or subcontractors during the above period of this contract. Tick [ ] if true and comply with **(b)** to **(g)** below, as applicable. If it is not the case that workers or subcontractors are involved or you are an exempt employer for workers compensation purposes tick [ ] and only complete **(f)** and **(g)** below. You must tick one box. **(Note 6)**

**(b)** All workers compensation insurance premiums payable by the Subcontractor in respect of the work done under the contract have been paid. The Certificate of Currency for that insurance is attached and is dated ...../...../..... **(Note 7)**

**(c)** All remuneration payable to relevant employees for work under the contract for the above period has been paid. **(Note 8)**

**(d)** Where the Subcontractor is required to be registered as an employer under the *Payroll Tax Act 2007*, the Subcontractor has paid all payroll tax due in respect of employees who performed work under the contract, as required at the date of this Subcontractor's Statement. **(Note 9)**

**(e)** Where the Subcontractor is also a principal contractor in connection with the work, the Subcontractor has in its capacity of principal contractor been given a written Subcontractor's Statement by its subcontractor(s) in connection with that work for the period stated above. **(Note 10)**

**(f)** Signature ..... Full name.....

**(g)** Position/Title ..... Date ...../...../.....

**NOTE:** Where required above, this Statement must be accompanied by the relevant Certificate of Currency to comply with section 175B of the *Workers Compensation Act 1987*.



FIVE STAR QUALITY ROOFING PTY LIMITED  
83 CLYBURN AVE  
JAMISONTOWN NSW 2750

Date of Letter: 23/06/2016

Dear Sir/Madam,

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**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 07/07/2016 to 07/07/2017**

The information provided in this Certificate of Currency is correct at: 23/06/2016

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**2. EMPLOYER'S INFORMATION**

POLICY NUMBER	WC444714157
LEGAL NAME	FIVE STAR QUALITY ROOFING PTY.LIMITED
ABN	99 120 548 870
ACN	120 548 870

WorkCover Industry Classification Number (WIC)	Industry	Numbers of Workers*	Wages <sup>+</sup>
422300	Roofing Services	18	\$900,000.00

\* Number of workers includes contractors/deemed workers

\* Total wages estimated for the current period

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**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

## RISK ASSESSMENT

**Nominated Contractor :** FIVE STAR QUALITY ROOFING PTY LTD

**ABN :** 99 120 548 870

**Trading Address :** 83 CLYBURN AVE JAMISONTOWN

**Task :** ROOF TILING

**Building Address :** \_\_\_\_\_

The Nominated Contractor **MUST** ensure all employees entering the Building Site have read and understood this Risk Assessment prior to signing below.

If a "NO" is ticked, extra controls must be written and implemented for this job.

<b>DO THE CONTROLS ON MY WMS MANAGE THE ON-SITE RISKS?</b>			
<b>HAZARDS</b>	<b>YES</b>	<b>NO</b>	<b>EXTRA CONTROLS</b>
Are signs in place?	✓		
Do you have an approved First Aid Kit?	✓		
Is the toilet on-site?	✓		
Is the site clean?	✓		
Is the work area accessible?	✓		
Are all persons protected from moving vehicles and plant?	✓		
Is access free of trip hazards and overhead projections?	✓		
Are all tools, leads and machines in good order?	✓		
Are all electrical tools and leads tagged and in date and away from water?	✓		
Are all working at height hazards controlled with scaff-tag in place?	✓		
Is access between levels secure?	✓		
Are all drop-edges near working area and access barricaded?	✓		
Is potential falls of material onto persons working below controlled?	✓		
Do current controls mitigate manual handling hazards? E.g. lifting	✓		
Do current controls protect hearing effectively?	✓		
Do current controls manage hazardous substances effectively?	✓		
Is all PPE required for the task available and in good order?	✓		
Do you have a copy of your SWMS on-site?	✓		
<b>Eliminate – Substitute – Isolate – Engineer – Administrative Controls – Personal Protective Equipment</b>			
<b>OTHER HAZARDS IDENTIFIED</b>			

*Print Name*

*Signature*

*Date*

**Contractor :** MARK WALLACE



**Builder :** ZAC HOMES