

DECO GROUP PTY LTD
12 HILLCREST AVENUE
BARDWELL VALLEY
NSW 2207

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 31/05/2016 to 31/05/2017

The information provided in this Certificate of Currency is correct at: **24 August 2016**

2. EMPLOYERS INFORMATION

POLICY NUMBER MWP0127282033

LEGAL NAME DECO GROUP PTY LTD

TRADING NAME DECO GROUP PTY LTD

ABN 75150989469 ACN/ARBN 150989469

TRUST NAME

TRUST ABN

WorkCover Industry Classification Number (WIC)	Industry	Number of Workers*	Wages*
424400	PAINTING	1	\$12,747

* Number of workers includes contractors/deemed workers

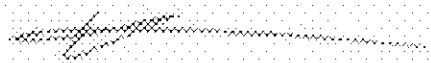
+ Total wages estimated for the current period

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, i.e. 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 sincerely,

A handwritten signature in black ink, appearing to be 'J. Smith', written over a dotted grid background.

Premium Services Officer
NSW Workers Compensation Underwriting Department

Allianz Australia Workers' Compensation (NSW) Limited

ACN 003 087 545 ABN 17 003 087 545
Agent for the NSW WorkCover Scheme
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