

003445 1923 EMAIL

Ming Li

DISABILITY CARE SOLUTIONS PTY LTD

109 Hovell St

HOWLONG NSW 2643

Issue date:

03/07/2023

Statement of coverage

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

Employer name:

DISABILITY CARE SOLUTIONS PTY LTD

Policy number:

240698501

Valid:03/07/2023 -
30/06/2024**Business name:****ABN:**

81 664 924 734

ACN:

664 924 734

| Industry classification number (WIC) ³ | Number of workers ¹ | Wages/units ² |
|---|--------------------------------|--------------------------|
| 863900 Other Health Services nec | 1 | \$80,365.82 |

1. Number of workers includes contractors/deemed workers

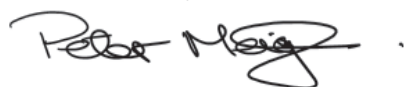
2. Total wages/units estimated for the current period

3. The policy covers all workers employed by the entity named on this certificate in the course of its primary business activity or any other activities ancillary to its primary business activity as required.

Important information

Principals relying on this certificate should ensure it is accompanied by a statement under section 175B of the *Workers Compensation Act 1987 (NSW)*. 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 faithfully,



Peter Meighan

Underwriting Operations Manager

icare Workers Insurance