icare™ | Workers Insurance

# Certificate of Currency

**Issue date:**
16/12/2025

Pamela Smith
LABROBIN PTY. LTD.
PO Box 7027
MANNERING PARK NSW 2259

## 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: | Policy number: | Valid[1]: |
|---|---|---|
| LABROBIN PTY. LTD. | 124818701 | 31/01/2026 to 31/01/2027 |

| Business name: | ABN: | ACN: |
|---|---|---|
| RED MEN FIRE PROTECTION | 72 079 715 067 | 079 715 067 |

**Claims Service Provider:**

EML

| Industry classification number (WIC)[2] | Number of workers[3] | Wages/units[4] |
|---|---|---|
| 286900 Industrial Machinery and Equipment Manufacturing nec | | |

1. Coverage starts from the time the policy was incepted by the Employer or their Authorised Representative on the first day of cover.
2. The policy covers all workers employed by the entity named on this certificate while undertaking its primary business activity or any other activities ancillary to its primary business activity as required.
3. Number of workers includes contractors/deemed workers.
4. Total wages/units estimated for the current period.

## Important information

Principals relying on this certificate should:

- ensure a statement under section 175B of the *Workers Compensation Act 1987 (NSW)* is attached
- ensure proper workers compensation insurance is in place
- compare the number of workers on site to the average number of workers estimated
- ensure that the wages are reasonable to cover the labour component of the work being performed
- confirm that the description of the industry/industries noted is appropriate

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

Did you know that an **excess, equivalent to the first week of compensable payments,** may be payable if notification of a claim is not provided to your insurer within five calendar days of when you became aware of the injury.

Yours faithfully,

Underwriting Operations
icare Workers Insurance

icare™ is the brand of Insurance & Care NSW and acts for the Workers Compensation Nominal Insurer ABN 83 564 379 108