

Form 42

Application for reinsurance set limit

Version 2

Workers Compensation and Rehabilitation Act 2003

Pursuant to section 86 of the *Workers' Compensation and Rehabilitation Act 2003*

Full name of self-insurer: _____

Principal place of business of self-insurer: _____

Makes application to the Workers' Compensation Regulator (the Regulator) for the set limit for reinsurance under the *Workers' Compensation and Rehabilitation Act 2003*, (the Act)

to be the amount of \$ _____

Reason for set limit:

Name of approved insurer providing the reinsurance: _____

Signed for, and on behalf of the self-insurer,

by _____, Authorised Licence Manager

Name of person signing form

Signatory: _____ Date: _____

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This form was approved by the Workers' Compensation Regulator, on 1 May 2014, pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*.


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Address for lodging application:

Please mark 'Confidential' and forward to:
Insurer Services,
PO Box 10119,
Brisbane, Adelaide Street, Qld 4000
Further information:
Telephone: 1300 362 128

WHSQ12275

 www.worksafe.qld.gov.au

 1300 362 128

