



# CLAREMONT YACHT CLUB

4 Victoria Avenue Claremont WA 6010

Phone: 9384 8226 Fax: 9384 9990

## CONTRACTOR'S DECLARATION AND JETTY ACCESS APPLICATION

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ P/CODE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### INSURANCE

**WORKERS COMPENSATION INSURANCE** – Please complete details below and attach a copy of the current Certificate.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Amount of Cover: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**PUBLIC LIABILITY INSURANCE** - Please complete details below and attach a copy of the current Certificate.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Amount of Cover (*min \$10m*): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

- ✓ I undertake to maintain the above Worker's Compensation and Liability Policies for the duration that I work at the Club.
- ✓ I will provide the Club with the renewal policies when they expire.

### SAFE WORK PRACTICES

- I undertake to observe the safe work practices requirements of the Occupational, Health, Safety and Welfare Act 1984, the Occupational Health, Safety and Welfare Regulations 1988, appropriate Australian standards and Codes of Practice approved by State and Federal Occupational Health and Safety Commissions, as they apply to my tasks.
- I will ensure that myself and my employees are trained and supervised in the safe use of all equipment or tools required to carry out our tasks
- I will ensure that no vessel adjacent to my work site is affected by paint overspray or dust.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE PAID (\$100 PA): \_\_\_\_\_

VISA/MC/EFTPOS/CASH: \_\_\_\_\_

FOB # \_\_\_\_\_

DATE PAID \$40: \_\_\_\_\_

DATE FOB ISSUED: \_\_\_\_\_

FOB EXPIRY DATE: \_\_\_\_\_