

Fiona Jordan
BRYOPIN PTY. LIMITED
PO Box 4182
MARAYONG NSW 2148

Issue date:

10/05/2025

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 :
BRYOPIN PTY. LIMITED	108991701	30/06/2025 - 30/06/2026
Business name:	ABN:	ACN:
Meyer Food Co.	98 003 513 942	003 513 942

Claims Service Provider:

EML

Industry classification number (WIC) ²	Number of workers ³	Wages/units ⁴
512100 Fresh Meat, Fish and Poultry Retailing		

- Coverage starts from the time the policy was inception by the Employer or their Authorised Representative on the first day of cover.
- 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.
- Number of workers includes contractors/deemed workers.
- Total wages/units estimated for the current period.

Important information

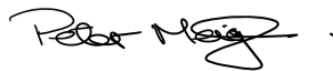
Principals relying on this certificate should:

- 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