# CERTIFICATE OF PLANT ITEM <u>REGISTRATION</u>



Occupational Health & Safety Act 2000 Occupational Health & Safety Regulation 2001

Registration No:	X2708	\$	Issue Date:	<u>18/03/2015</u>	Expir	y Date:	<u>12/03/2016</u>
Controller: Postal Address:	AUSTRALI 92 WILTON WILTON NSW	 	TTRACTIONS P	TY LTD	ABN:	36163	3234740

## Item Type: Amusement Device

## **Description of Item:**

Device Type	Mobile Device
Electronically Controlled	No
Name of Device	Electric Hydraulic Driven Slingshot Ride
Support Type	Suspended
Number of Supports	1
Adults per Support	2
Children per Support	2
Total Persons	2

#### Location:

92 WILTON RD WILTON NSW

(If mobile plant, this is the location where usually stored or maintained)

#### **Special Conditions:**

• Persons are to be warned to stay in the ride position whilst the device is in motion.

• The device shall not be put into motion until all passengers are in the normal riding position and any bystanders are remote from the path of motion.

# **CONDITIONS:**

- This registration applies only to the item described above which has been notified to WorkCover NSW in accordance with the OHS Regulation 2001. This certificate of registration (or a copy) must be kept in the vicinity of the item of plant to which it refers. For mobile plant, the Registration number displayed on the item in a preparate particular and leady leads.
- must be displayed on the item in a prominent location and be of a permanent nature and clearly legible.
  This Registration is automatically invalidated if the item is altered in any way that is different to the original design specification, or changes the
- 3. capacity of the item. This does not include routine maintenance, painting or changes equivalent to original design specifications.
- 4. The Registration Number should be quoted in all correspondence to WorkCover regarding this item. Any queries should be addressed to WorkCover's Licensing Unit.



Coversure Pty Ltd AFSL 407 505 ACN 134 635 180 ABN 84 413 814 665 Unit 8A, I Pioneer Ave, Tuggerah NSW 2259 PO Box 3407 Tuggerah NSW 2259 Tel: 1300 360 908 Fax: 02 4355 4899 Web: www.coversure.com.au

# **CERTIFICATE OF CURRENCY**

Certificate Number:	LL0002444X
Certificate Wording/s:	Coversure Entertainment & Event Liability Insurance Wording
Insurer	Certain Underwriters at Lloyd's
Insured:	Australia's Ultimate Attractions
Premises:	at and from Wilton NSW 2571
Business Occupation:	Principally Supply and Operate Portable Amusement Attractions
Interested Parties:	
List of Equipment:	1 x Slingshot Ride
	1 x Mobile Zip Line
Period of Insurance:	From: 30/04/2013 To: 30/04/2014 at 4.00pm

Limits of Liability:

Items	Limit (\$)
Public Liability any one Occurrence	\$20,000,000

Fublic Liability any one occurrence	\$20,000,000
Products Liability in the Aggregate	\$20,000,000
Goods in Care, Custody & Control	\$50,000

Date of Issue: 1 May 2013

Territorial Limits: Australia Wide

Other Information:

Signed

For and on behalf of Certain Underwriters at Lloyds.

. . . . . . . . . . . . . .

Allianz Australia Workers' Compensation (NSW) Limited ACN 003 087 545 ABN 17 003 087 545 Agent for the NSW WorkCover Scheme ABN 83 564 379 108 002 GPO Box 5429 Sydney NSW 2001fa Phone: 1300 130 664 Fax: 02 9266 7223



#### **CERTIFICATE OF CURRENCY**

AUSTRALIAS ULTIMATE ATTRACTIONS PTY LIMITED 92 WILTON ROAD WILTON NSW 2571

Dear Sir/Madam,

#### **1. STATEMENT OF COVERAGE**

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

# This Certificate is valid from 31/01/2015 to 31/01/2016

The information provided in this Certificate of Currency is correct at: **17 February 2015** 

#### **2. EMPLOYERS INFORMATION**

POLICY NUMBER	MWP0130270033		
LEGAL NAME	AUSTRALIAS ULTIMATE A	TTRACTIONS PTY LIM	ITED
TRADING NAME	AUSTRALIAS ULTIMATE		
ABN	36 163 234 740	ACN/ARBN	163 234 740
TRUST NAME			

TRUST ABN

WorkCover Industry Classification Number (WIC)	Industry	Number of Workers*	Wages⁺
933000	AMUSEMENT RIDE EQUIPMENT ERECTION OPERATION & DISMANT	6	\$182,500

\* Number of workers includes contractors/deemed workers

Total wages estimated for the current period

#### 3. IMPORTANT INFORMATION

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

Premium Services Officer NSW Workers Compensation Underwriting Department



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