



QBE MERCANTILE MUTUAL



National Corporate Division WorkCover Employer Transfer Form

If you wish to change from your current Agent, please complete this form and return it to QBE Mercantile Mutual Workers' Compensation.
Transfers will not occur while past premium payments are outstanding. This form is approved by the Victorian WorkCover Authority.

Employer WorkCover Number: _____

Employer Name: _____

Employer Address: _____

Postcode: _____

Please transfer management of all premium debt collection and claim(s) relating to the above employer to:

QBE Mercantile Mutual Workers' Compensation

Name of Person Selecting Authorised Agent: _____

Position in Company/Business: _____

Email: _____

Telephone Number: _____

Signature: _____

Date: _____

Are there any related Companies/Businesses to be transferred? Yes No

(If yes, please ensure a form is completed for each related company or business)

I authorise my consultant/broker/accountant stated below to act on my behalf for WorkCover matters:

Consultant/Broker/Accountant Name: DGA Insurance Brokers Pty Ltd

Address: Level 2, 256 Queen Street, Melbourne. 3000

Phone: [03] 9670-9344

Fax: [03] 9670-9163

Email: www.dgainsurance.com.au

OFFICE USE ONLY

Intermediary I.D.: _____

Mercantile Mutual Worksure Limited

ABN 99 060 159 757

Trading as QBE Mercantile Mutual Workers' Compensation ■ Authorised Agent of the Victorian WorkCover Authority

Level 8, 628 Bourke Street Melbourne Victoria 3000 ■ GPO Box 4725 Melbourne Victoria 3001

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Visit us at: www.qbemmm.com.au/workerscomp