Form 42

Application for reinsurance set limit

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

Address for lodging application:

Please mark 'Confidential' and forward to:

Customer Service Group, PO Box 10119, Brisbane, Adelaide Street, Qld 4000

Further information:
Customer Service Group
Telephone: 1300 361 235
Facsimile: 07 3020 6309

Application for reinsurance set limit

Full name of self-insurer: _____

Principal place of business of self-insurer: _____

Makes application to Q-COMP 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 _____

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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: _____

This form is approved by the Chief Executive Officer of Q-COMP, the Workers' Compensation Regulatory Authority on 16 June 2010 pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*