



## CERTIFICATE OF CURRENCY

This document satisfies that the policy referred to below is currently in force until 4.00pm on the expiry shown below and will remain in force until that date, unless the policy is cancelled, lapsed, varied or otherwise altered in accordance with the relevant policy conditions of the provisions of the "Workers Compensation Injury Management Act 1981 and Insurance Contracts Act, 1984" where relevant.

**DATE:** 13 SEPTEMBER 2007

**INSURED NAME:** HAPPY PTY LTD

**CLASS OF INSURANCE:** WORKERS COMPENSATION

**INTEREST INSURED:** LEGAL LIABILITY TO EMPLOYEES IN TERMS OF THE WORKERS COMPENSATION INJURY MANAGEMENT ACT 1981 AND AT COMMON LAW

**LIMITS OF INDEMNITY :**

A) BENEFITS AS PRESCRIBED UNDER THE WORKERS COMPENSATION INJURY MANAGEMENT ACT 1981 AND AS AMENDED

B) COMMON LAW LIABILITY LIMITED TO \$50,000,000 ANY ONE PERSON OR NUMBER OF PERSONS ARISING OUT OF THE ONE EVENT

**SITUATION:** ANYWHERE IN WESTERN AUSTRALIA AND AS FURTHER PROVIDED UNDER THE ACT

**POLICY NUMBER:** PE1880668GWC

**EXPIRY DATE:** 30 SEPTEMBER 2008

**INSURER:** QBE INSURANCE (AUSTRALIA)

### IMPORTANT NOTICE

This certificate has been issued by us in our capacity as agents for the insured named above. It does not reflect in detail the policy terms or conditions and merely provides a very brief summary of the insurance that is, to the best of our knowledge, in existence at the date we have issued this certificate. If you wish to obtain details of the policy terms, conditions, restrictions, exclusions or warranties, you must refer to the policy contract.


### DISCLAIMER

In issuing this certificate, we do not guarantee that the insurance outlined will continue to remain in force for the period referred to as the policy may be cancelled in accordance with the terms and conditions of the policy and the "Workers Compensation and Rehabilitation Act 1981". We accept no responsibility or liability to advise any party who may be relying on this certificate of such alteration or cancellation to the policy of insurance.

### SIGNING ON BEHALF OF INSURANCE COMPANY:

  
.....  
SIGNATURE

  
.....  
DATE AND STAMP

  
.....  
NAME OF PERSON (PLEASE PRINT)

Western United Financial Services Pty Ltd  
PO Box 3232  
Perth Adelaide Terrace WA 6832  
ABN: 54 099 067 517