

DeGen Cleaning

ABN: 94 845 231 991

15 Sumich Gardens
Coogee WA 6166

Ph: 040 777 6106
pas.degennaro@bigpond.com

Tax Invoice

Invoice # 27
25 March 2019

St Giorgio Pty Ltd
26 Tweeddale Rd
APPLECROSS WA 6153

Attention: Tony (nchomes@iinet.com.au)

<u>Qty</u>	<u>Description</u>	<u>Unit Price</u>	<u>Total Price</u>
1	Cleaning Services at Coogee Plaza March 2019	1,130.00	1,130.00
1	Watering of Plants (back of Chiro & rosemary)	50.00	50.00
1	Clean-up and disposal of broken glass near drains rear of deli (on 2 separate occasions)	50.00	50.00
4	Bathroom Cleaning Products (bleach)	5.00	20.00
	Sub Total		\$ 1,250.00
	GST		<u>125.00</u>
	Total including GST		\$ <u>1,375.00</u>

Paid 27/3

Bank Details:

De Gennaro Group Pty Ltd atf De Gennaro Family Trust
t/a DeGen Cleaning
BSB: 066107 Account #: 10695431
Reference: Invoice Number

Elders Insurance Kalamunda
Suite 3, 3 Canning Road Kalamunda
PO Box 781 Kalamunda WA 6926
P. 9290 5700 F. 9290 5755
E. kalamundainsurance@elders.com.au



Insurance

February 8, 2019

*Paid both tax invoices
together \$ 2,461.37*

St Giorgio Pty Ltd
26 TWEEDALE ROAD

APPLECROSS, WA, 6153

Dear Tony,

Please find listed below your

We have renewed your policy,

Policy No: QE QWC 1602239

Estimated Wages <i>(cleaner - Lawn mowing)</i>	\$22,600
Actual Wages Paid 2018/2019 <i>& Repairs</i>	\$36,755
Adjusted Premium Payable	\$613.48
Estimated Wages for 2018/2019	\$37,000
Premium Payable	\$1,847.89
Total Premium Payable	\$2,461.37

Payment for this account is due within 14 days. Please forward remittance made payable to Elders Insurance.

Please don't hesitate to contact me should you have any questions regarding your renewal.

Yours sincerely

Rebecca Masters
Authorised Representative
Elders Insurance

GST \$ 223.76





Insurance (Underwriting Agency) Pty Limited

ABN 56 138 879 026 AFSL No. 340965

ELDERS INSURANCE KALAMUNDA

ATTN:KELVIN ANNING
3, 3 CANNING ROAD
KALAMUNDA WA 6076

8th February 2019

Phone 08 9290 5700
Fax 08 9290 5755

ST GIORGIO PTY LTD
26 TWEEDALE ROAD
APPLECROSS 6153

Dear Tony

As your insurance intermediary, I am pleased to confirm Renewal of your insurance through Elders Insurance (Underwriting Agency) Pty Limited.

The protection of your assets is important so please check the details on the renewal invoice carefully and notify me immediately if you have any questions or concerns.

To ensure you remain insured, it is important that we receive payment of your premium prior to 14/02/19.

If payment is not received, your insurance will expire at 4pm on 14/02/19, which will mean that you will not have any insurance cover in place.

Payment of your premium can be made easily via one of the following methods:

BPAY – a time and cost effective way to pay your premium

Pay your total premium via BPAY. Simply contact your participating financial institution to make this payment by either the Internet or telephone from your cheque or savings account. You will need to use the Reference Number located at the bottom of Page 1 of your schedule when making this payment.

Credit Card

You can pay your premium over the phone or in person with your Visa or Mastercard. Simply call into our office or provide your credit card details by telephone on 08 9290 5700

Cheque

Pay your total premium by sending us a cheque. Use the tear off slip from Page 1 of your schedule, make your cheque payable to **Elders Insurance (Underwriting Agency) Pty Limited** and send it to the address listed at the top of this page.

Premium Funding

Funding can be arranged for your insurance. Please contact me or our office to discuss this option.

Alternatively you can bring the slip at the bottom of Page 1 of your schedule into our office and pay your total premium by cash.

Elders Insurance understands the varying needs of our customers and are proud to provide local, face-to-face service. If I can help you with any further insurance needs, please contact me on 08 9290 5700 or drop into the office anytime and, I will be happy to discuss them with you.

Yours faithfully,

ELDERS INSURANCE KALAMUNDA



RENEWAL AND TAX INVOICE

Elders Insurance (Underwriting Agency) Pty Limited has arranged renewal of the following insurance cover. This notice becomes a tax invoice when payment is received with premium payable on the policy due date.

For Enquiries Telephone : 08 9290 5700

Client Address

Insurance Intermediary

ST GIORGIO PTY LTD
26 TWEEDALE ROAD
APPLECROSS 6153

ELDERS INSURANCE KALAMUNDA
ATTN:KELVIN ANNING
3, 3 CANNING ROAD
KALAMUNDA WA 6076

ABN: 83 099 633 459

The Insured

This Policy is Insured By

ST GIORGIO PTY LTD

QBE INSURANCE (AUSTRALIA) LTD

Our Reference No. Type of Insurance
QE.QWC.1602239 Workers Comp

Period of Insurance
14/02/19 to 14/02/20 at 4:00pm

Underwriter's Ref/Policy No.
PE-1901745-GWC

ABN: 78003191035

You should read the Policy Wording carefully to ensure the Policy provides the cover you require. If you do not hold a copy of the current Policy Wording, please advise us and we shall arrange for you to receive a copy.

Nothing should be read as overriding the Terms, Conditions and Exclusions of the Policy wording. We recommend you read the Policy wording and discuss with us any matters that are unclear or of concern to you or which are not in accordance with your requirements.

IMPORTANT NOTICES

Please refer to the Important Notices on the last page of this Schedule.

Handwritten calculation: 1847.89 + 613.48

Handwritten total: Total 2461.37

Handwritten note: Paid \$2,461.37

* Continued

Payment Advice

Charge my: [] Visa [] Mastercard

Our Reference No. Client No. Agent
QE.QWC.1602239 0837604 60.0051218

Card Number: _____ Expiry Date: ___ / ___

ST GIORGIO PTY LTD

Cardholder's Name: _____

Total Premium Payable : \$1847.89

For the Amount of: \$ _____

Forward Payment to:

Signed: _____ Date: ___ / ___ / ___

ATTN:KELVIN ANNING
PO BOX 781
KALAMUNDA WA 6926



Call your participating financial institution to make this payment from your nominated cheque or savings account via BPAY.

Billers Code: 38059 Reference: 216022392

***** POLICY DETAILS *****

Workers Comp

Effective From: 14/02/19

Location of Risk 003: 239-241 HAMILTON ROAD, COOGEE PLAZA, COOGEE, 6166

WORKERS COMPENSATION

Business Description

PROPERTY OWNER-SHOPPING CENTRE

Registered for GST?

Yes

ABN:

76 126 046 679

Workcover Number

WC09321791

ANZSIC Code

78660

Rate:

4.270

POLICY EXTENSIONS

Common Law Limit

No

Principals Indemnity

No

Other Extensions

N

ESTIMATED WAGES 2019/2020 \$37,000 Rate: 4.27%

- Contractors \$34,000

- General \$ 3,000

- Working Directors NIL

- Family Members NIL

YOUR INSURER IS:

QBE Insurance (Australia) Limited

2 Park Street, SYDNEY 2000

ABN: 78 003 191 035

Premium	FSL/ESL	G.S.T.	Stamp Duty	Serv. Fee	and GST
\$1,579.90	\$.00	\$157.99	\$.00	\$100.00	\$10.00

Premium for this cover: \$1,847.89

***** END OF POLICY DETAILS *****

IMPORTANT NOTICES

Please carefully read the following important information and contact your Insurance Intermediary if you require further assistance or explanation.

Your Duty of Disclosure

Before you enter into a contract of General Insurance with us you have a duty under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know is relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of General Insurance.

Your duty however does not require disclosure of matter;

That diminishes the risk to be undertaken by us;

That is of common knowledge;

That we know or, in the ordinary course of our business, ought to know;

As to which compliance with your duty is waived by us.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Your Duty of Disclosure applies to every person or organisation who is Insured under the policy.

Before you renew or alter this policy with us.

The information you must disclose includes (but is not limited to)

Changes of Address;

Criminal convictions;

Damage to or poor condition of any property covered by this policy;

Alterations to property which affects its safety or structural integrity;

Accidents that have occurred to the covered property in the previous 12 months;

Circumstances of any legal action that may have been made or threatened against you;

Threats of violence made against you or your property;

If you have covered a motor vehicle under this policy;

Convictions for driving under the influence of alcohol or a drug;

Physical impairments you have had in the past 12 months that will interfere with your ability to control a motor vehicle;

Change of regular drivers of the motor vehicles covered;

Additional modifications to motor vehicles.

If you do not disclose the above information we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If you have fraudulently not disclosed the above information we may also have the option of avoiding the contract from its beginning.

Serv. Fee

The Intermediary Service Fee is invoiced for and on behalf of the Insurance Intermediary.

FSL/ESL

Where applicable, Fire Service Levy (FSL) is applied to each policy according to the respective laws of each state. For NSW policies only, this will include Emergency Services Levy (ESL) effective from 1 July 2009.



ENDORSEMENT AND TAX INVOICE

Elders Insurance (Underwriting Agency) Pty Limited has arranged the following alterations to your insurance cover. Any additional premium is payable on receipt of this notice.

For Enquiries Telephone : 08 9290 5700

Client Address

Insurance Intermediary

ST GIORGIO PTY LTD
26 TWEEDALE ROAD
APPLECROSS 6153

ELDERS INSURANCE KALAMUNDA
ATTN:KELVIN ANNING
3, 3 CANNING ROAD
KALAMUNDA WA 6076

ABN: 83 099 633 459

The Insured

This Policy is Insured By

ST GIORGIO PTY LTD

QBE INSURANCE (AUSTRALIA) LTD

Our Reference No. Type of Insurance

QE.QWC.1602239 Workers Comp

Period of Insurance

14/02/18 to 14/02/19 at 4:00pm

Underwriter's Ref/Policy No.

PE-1901745-GWC

ABN: 78003191035

You should read the Policy Wording carefully to ensure the Policy provides the cover you require. If you do not hold a copy of the current Policy Wording, please advise us and we shall arrange for you to receive a copy.

Nothing should be read as overriding the Terms, Conditions and Exclusions of the Policy wording. We recommend you read the Policy wording and discuss with us any matters that are unclear or of concern to you or which are not in accordance with your requirements.

IMPORTANT NOTICES

Please refer to the Important Notices on the last page of this Schedule.

* Continued

Payment Advice

Charge my: Visa Mastercard

Our Reference No. Client No. Agent
QE.QWC.1602239 0837604 60.0051218

Card Number: _____ Expiry Date: ___ / ___

ST GIORGIO PTY LTD

Cardholder's Name: _____

Total Premium Payable : \$613.48

For the Amount of: \$ _____

Forward Payment to:

Signed: _____ Date: ___ / ___ / ___

ATTN:KELVIN ANNING
PO BOX 781
KALAMUNDA WA 6926



Call your participating financial institution to make this payment from your nominated cheque or savings account via BPAY.

Billers Code: 38059 Reference: 216022392

***** POLICY DETAILS *****

Workers Comp

Effective From: 14/02/18

Location of Risk 003: 239-241 HAMILTON ROAD, COOGEE PLAZA, COOGEE, 6166

Reason(s) for Endorsement: WAGE ADJUSTMENT NOTED

WORKERS COMPENSATION

Business Description

PROPERTY OWNER-SHOPPING CENTRE

Registered for GST?

Yes

ABN:

76 126 046 679

Workcover Number

WC09321791

ANZSIC Code

78660

Rate

2.330

POLICY EXTENSIONS

Common Law Limit

No

Principals Indemnity

No

Other Extensions

N

ESTIMATED WAGES 2018/2019 \$22,600 Rate: 2.33%

- Contractors \$19,600

- General \$ 3,000

- Working Directors NIL

- Family Members NIL

ACTUAL WAGES 2018/2019 \$36,755

- Contractors \$36,755

- General NIL

- Working Directors NIL

- Family Members NIL

YOUR INSURER IS:

QBE Insurance (Australia) Limited

2 Park Street, SYDNEY 2000

ABN: 78 003 191 035

Premium	FSL/ESL	G.S.T.	Stamp Duty
\$557.71	\$.00	\$55.77	\$.00

Premium for this cover: \$613.48

***** END OF POLICY DETAILS *****

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That is of common knowledge;

That we know or, in the ordinary course of our business, ought to know;

As to which compliance with your duty is waived by us.

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If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract.

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Accidents that have occurred to the covered property in the previous 12 months;

Circumstances of any legal action that may have been made or threatened against you;

Threats of violence made against you or your property;

If you have covered a motor vehicle under this policy;

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FSL/ESL

Where applicable, Fire Service Levy (FSL) is applied to each policy according to the respective laws of each state.

For NSW policies only, this will include Emergency Services Levy (ESL) effective from 1 July 2009.

MARCH
2019

Affordable Pest Control
P.O Box 591
Willetton WA 6955
0411225367
affordablepest@bigpond.com
<http://www.affordablepestcontrol.com.au>

Tax Invoice 2954



INVOICE TO
St Giorgio P/L
237 Hamilton Road
Coogee

DATE
11/03/2019

PLEASE PAY
A\$385.00

DUE DATE
18/03/2019

DATE	ACTIVITY	RATE	AMOUNT
11/03/2019	Pest Control Treatment of Cockroaches	350.00	350.00
	SUBTOTAL		350.00
	GST TOTAL		35.00
	TOTAL		385.00
	TOTAL DUE		A\$385.00

THANK YOU.

BAS SUMMARY

RATE	GST	NET
GST @ 10%	35.00	350.00

Paid 15-3-19
NAB 7034

Affordable Pest Control
BSB: 086131
Acc No: 592727034



PACIFIC INTERNATIONAL

Pacific International Insurance Pty Ltd
ACN: 169 311 193
Locked Bag 1000
Broadmeadow NSW 2292
Telephone: 1300 309 169
Fax: +61 (2) 4954 3660
Email: insurance@pacificintins.com

CERTIFICATE OF CURRENCY

This is intended for use as evidence that the cover summarised below has been effected and shall be subject to all terms and conditions and exclusions of the Policy document and Schedule.

If the Insured has a Premium Funding agreement in place, this Policy may be cancelled in accord with the terms of the Insurance Contracts Act if the Insured fails to make the required payments.

The Insured: Leanne and Steven Langford
T/as Affordable Pest Control
ABN 29 800 152 477

Also Trading as: Western Pest Management

Address: 10 Blandfield Way
PARKWOOD WA

PARTICULARS OF INSURANCE COVER

Insurer:	Pacific International Insurance Pty Ltd	
Policy Number:	AUS-18-8829	
Period of Insurance Cover:	04 June 2018 To 04 June 2019	
Limit of General & Public Liability:	\$20,000,000	Any one claim and in the aggregate during the period of insurance.
Sub-Limit of General & Public Liability Environmental Impairment:	\$250,000	Any one claim and in the aggregate during the period of insurance.
Limit of Professional Indemnity:	\$500,000	Any one claim and in the aggregate during the period of insurance.

Business Activities and/or Extensions covered under this policy:

Termite Management - AS3660	(PPI) Timber Pest Inspections - AS4349.3-2010
Urban & Commercial Weed Control	Urban Pest Control

Pacific International accepts no responsibility for any failure to notify the recipient of this Certificate of Currency in the event of the policy being cancelled.

Thursday, 28 June 2018