



- 3 投保地點是否屬法例或法則管轄該樓宇之用途或維修？  
Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises?  
(a) 若然，請列明該法例或法則。  
If so, name such Laws or Regulations  
(b) 有無遵照該法例/或法則切實執行  
Have you carried out all the obligations imposed on you by such Laws and/or Regulations?
- 4 (a) 是否裝有任何鋸牀或蒸氣，煤氣，水力，電力或其他機械動力所推動之其他機器？  
Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?  
(b) 一切機械廠房及通道是否採用堅固柵欄防護。  
Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?
- 5 汽鍋種類？  
What boilers have you?
- 6 請列明所用之酸性液體，氣體，化學原料或爆炸性及其用量？  
State what acids, gases, chemicals or explosives will be used and to what extent
- 7 請列明近三年來僱主所付出之工資總額及僱員因職務而發生意外傷亡之詳細狀況？  
State hereunder amount of salaries/wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three years:-

年份 Year	薪金/工資及 其它收益 Salaries/Wages & other Earnings	死亡 Fatal		暫時殘廢 Temporary Disablement only		永久殘廢 Permanent Disablement	
		次數 No.	迄今已付賠償金額 Compensation paid to date	次數 No.	迄今已付賠償金額 Compensation paid to date	次數 No.	迄今已付賠償金額 Compensation paid to date
19							
19							
19							
		尚待解決索賠 Claims still unsettled		尚待解決索賠 Claims still unsettled		尚待解決索賠 Claims still unsettled	
		次數 No.	估計應付費用 Estimated further cost	次數 No.	估計應付費用 Estimated further cost	次數 No.	估計應付費用 Estimated further cost

- 8 (a) 閣下現在是否已付投保或曾否投保對僱員之責任保險？  
Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees?  
(b) 該投保或續保曾否被拒絕或撤回？  
Has any such proposal or renewal ever been declined or withdrawn?  
(c) 曾否被提高保率？  
Has an increased rate been required?
- (a) 若然，請列明受保公司名稱  
If so, please state name of Company  
(b)  
(c)

余/余等下列具名人願向 貴公司依據上述之保險條款投保，余/余等同意設一正確之薪金及工資記錄表冊並於保險期屆時遵照 貴公司所需之表格格式並報實際支出之薪金及工資並繳付超過以上所估計之薪金及工資數額之保險費用。余/余等茲聲明余/余等已閱讀及審核上列之一切表報及細則均屬正確，余/余等並無隱藏，虛報或歪曲任何事實，余/余等所估計之薪金及工資乃是公平者，余/余等同意本項聲明時作為余/余等與中國人民保險(香港)有限公司訂立契約之基礎

I/We, the undersigned, desire to effect an insurance as abovestated in terms of the Policy to be issued by the Company. I/We agree to keep a proper salaries and wages record and to render at the end of each period of insurance a statement in the form required by the Company of all salaries and wages actually paid and to pay premium on any salaries and wages paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/we have read over and checked are true, that I/we have not suppressed, mis-represented or mis-stated any material fact, that I/we have fairly estimated my/our total salaries wages and expenditure, and I/we agree that this declaration shall be the basis of the contract between me/us and The People's Insurance Company (Hong Kong), Ltd.

日期  
Date .....

投保人簽署  
Signature of Proposer .....

聯絡人姓名 ..... 如入集團公司或其他帳戶，請註明  
Contact Person: ..... Accounted for Holding Co., or Others: .....  
聯絡電話 ..... 聯絡收費地址  
Telephone No. .... Collection Address: .....

公司專用 FOR OFFICE USE ONLY

Client Code: ..... Account No. .... Policy No.: .....

Remarks: ..... Discount: ..... Examiner: .....

**IMPORTANT NOTICE**

- (1) Any employer who fails to insure himself in accordance with Section 40(1) of the Employees' Compensation Ordinance (Chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- (2) You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your Insurance Company within the stipulated time (see Guidelines (d) below)

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**GUIDELINES FOR COMPLETING THE  
PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM**

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**(a) Description of Occupations**

Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.

**(b) Total Earnings (As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282))**

Please declare the actual total gross earnings for the period of insurance.

**(c) Contractors & Sub-contractor's Employees**

If you contract out any of the work in connection with your business, please provide particulars as specified therein.

**(d) Submission**

You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within **90 days** after the expiry or termination of the policy together with the following:

- i) Signature of an authorized officer.
- ii) Monthly MPF Contribution Statements for the Period of Insurance (stating the occupation of each employee).