



PIONEER INSURANCE & SURETY CORPORATION

HONG KONG BRANCH

2701 SHUN TAK CENTRE, WEST TOWER, 200 CONNAUGHT ROAD CENTRAL, HONG KONG.
TEL: 2559 4011 FAX: 2858 1640

僱主賠償保險投保書 EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

保險範圍：保障僱主對屬下僱員因工遭受意外傷亡或患以該項業務有關之職業性疾病法律規定下之責任。
Cover: Indemnity against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees
本公司之標準保單是不保障不在所保地區範圍內之法院裁判。
The indemnity under the Company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction in the Geographical Area covered by the Policy.

保戶名稱
Proposer's name in full 電話號碼
Telephone No
營業地址
Business address
營業性質
Business
工作詳情
Particulars of work
保險生效日期 由 至 保 月
Insurance required from to for months

所有屬於僱員賠償條例下之員工均須包括在內
ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED

僱員工作類別 Description of employees	僱員人數估計 Estimated Number of Employees	年薪/ 工資及其它收入估計 Estimated Annual Salaries/Wages' & other Earnings	保險公司自用 For Office Use Only		
			保率 Rate percent	保費 Premium	編號 Classification Number
總額 TOTAL			總保費		

上列僱員在過去十二個月內支付薪金、工資及其它收益為
The total amount of salaries wages and other earnings paid by me/us to the above mentioned employees during the past twelve months was

是否需要擴展保障僱員暫時在香港以外範圍工作之僱主責任?
如需要, 請列明:
1. Do you want the Geographical Area of the Policy to be extended to apply outside Hong Kong in respect of employees working temporarily abroad? If so, please give details

是否願意依據僱員賠償條例投保承包商之責任? 如需要, 請列明:
2. Do you wish to insure your liability under the Employees' Compensation law(s) to the employees of sub-contractors? If so, please state:-

包商名稱 Name of Contractor	包工性質 Name of work sublet	如合約包括勞動力與材料, 請列明 合約估計承包之金額 If contract for labour and materials state estimated amount of contract	若合約只包括勞動力, 請列明包工金額 In cases for which the contract is for labour only state amount of contract

注意：總包商或承包商必需依據一九八二年僱員賠償條例「條訂」法案之第二十節及四十節投保總包商之責任。
NOTE: THE LIABILITY OF THE PRINCIPAL CONTRACTOR MUST BE INSURED BY EITHER THE PRINCIPAL CONTRACTOR OR THE SUB-CONTRACTOR TO COMPLY WITH SECTIONS 24 AND 40 OF THE EMPLOYEES' COMPENSATION (AMENDMENT) ORDINANCE 1982

3. 是否僱用? Do you employ	(i) 行業外之任何散工 any casual workers otherwise than for the purpose of your trade & business, (ii) 任何外工, 或 any out workers, or (iii) 任何與僱主同住的家屬 any member of your family who resides with you 若然, 是否需要為該僱員投保? If so, do you require cover for such employees?	(i) (ii) (iii)
4. 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?		(a) (b)
5. (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它機器? 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?		(a) (b)
6. 汽鍋種類? What boilers have you?		
7. 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		

8. 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
		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

9. (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) 是否被提高保率? 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)
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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 貴公司所需之表報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 PIONEER INSURANCE & SURETY CORPORATION 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 PIONEER INSURANCE & SURETY CORPORATION.

日期 二〇
Date 20

投保人簽署
Signature of Proposer