

QBE HONGKONG & SHANGHAI INSURANCE LTD

A member of the Worldwide QBE Insurance Group

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EMPLOYEES' COMPENSATION INSURANCE RENEWAL

Account No:

	ured employer against his liabi of and in the course of employr				e and at Common L	aw for injuries	
N.B.: Please answer all o	questions. A negative reply sha			**************************************			
None		111	E INSURED				
Name		WI.L		Current Poli	cy No.		
Business Address				_			
Business Nature	usiness Nature Tel No		Period of Insurance: From		to		
INFORMATION C	ESTIM. DFALL EMPLOYEES (All emp		NGS DECLARATION		rdinance must he i	ncluded)	
Description of	No. of Employees		nual Salaries / Wages		For Office Use Only		
Occupations	Employed		her Earnings	Classification Code	Rate Per Cent	Premium	

Employees' Compensation Cocurse of employment. Employers are reminded the under-reporting of earnings employer failing to insure in HK\$100,000 and imprisonme GUIDELINES 1) Description of Occupations: Each category of occupation in Total Earnings [as more full Please declare the estimate in Submission	mployers must report correct sal ordinance (ECO), Chapter 282, and at according to the Limit of Inde / wages may result in reduced of accordance with Section 40(1) on the for two years. In is to be shown separately, e.g. Cley defined under Section 3 of the Emit of / actual total gross earnings for the ethe Declaration of Earnings section.	d to ensure full inde- emnity Clause & In- claim payment for a f the ECO (Chapter erical Staff, Sales/Mar ployees' Compensat e period of insurance	mnification to meet their liable surance Premium Clause co accidents to the employees 208) shall be guilty of an off rkeling Staff, Messenger, Lorry ion Ordinance (Chapter 282)):	ilities to the employees ontained in the employers affected and shall be liab Priver, Welder, etc.	s for accidents arising yees' compensation i re liable themselves, le on conviction to a	out of and in the insurance policy, Furthermore, an	
	nowledge and belief the information	and answers given o			pect;		
 that the information and ans that this reporting shall be the Shanghai Insurance Ltd. 	wers given on this form are filled in the basis of and be deemed to the	by me / us or by any incorporated in the	other person under my / our ful contract of insurance, includin	It instructions; ig any renewal thereof,	between me / us and	QBE Hongkong 8	
Signature of Applicant /	Insured (with Company Ch	nop)	Ę	Date			
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