

<p>1. 是否需要擴展保障僱員暫時在香港以外範圍之僱主責任？ 如需要，請列明： Do you want the Geographical Area of the Policy be extended to apply outside Hong Kong in respect of employees working temporarily abroad? If so, please give details.</p>	<p>是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p>
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<p>2. 是否願意依據僱員補償條例投保承包商之責任？ 若然，請聲明。 Do you wish to insure your liability under the Employees' Compensation Ordinance to the employees of sub-contractors? If so, please state below :-</p>	<p>是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p>
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承包商名稱 Name of Contractor	包工性質 Nature 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 is 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 If contract is for labour only, state amount of contract

注意： 總包商或承包商必須依據僱員補償條例法案之第二十四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 Ordinance.

<p>3. 是否僱用 Do you employ</p> <p>(i) 行業外之任何散工? any casual workers otherwise than for the purpose of your trade & business?</p> <p>(ii) 任何外工? 或 any out workers? Or</p> <p>(iii) 任何與投保人同屋之家眷? any member of your family who resides with you?</p> <p>若然，是否需要為該僱員投保? If so, do you require cover for such employees?</p>	<p>(i) 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p> <p>(ii) 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p> <p>(iii) 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p> <p>是 Yes : (i) <input type="checkbox"/> (ii) <input type="checkbox"/> (iii) <input type="checkbox"/> 否 No <input type="checkbox"/></p>
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<p>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?</p> <p>(a) 若然，請列明該法例或法則。 If so, name such Laws or Regulations.</p> <p>(b) 有無遵照該法例及/或法則切實執行? Have you carried out all the obligations imposed on you by such Laws and / or Regulations?</p>	<p>(a) _____</p> <p>(b) 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p>
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<p>5. (a) 是否裝有任何鋸床或蒸氣、煤氣、水力、電力或其他機械動力所推動之其它機器? Have you installed any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?</p> <p>(b) 一切機械廠房及通道是否採用堅固柵籬防護及性能良好? Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?</p>	<p>(a) 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p> <p>(b) 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p>
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<p>6. 請列明所用之酸性液體、氣體、化學原料或爆炸品及其用量。 State what acids, gases, chemicals or explosives will be used and to what extent.</p>	
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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
		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) 閣下現在是否已投保或曾否投保對僱員之責任保險？若然，請列明保險公司名稱。
Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees? If so, please state name of insurance company.
- (b) 該投保或續保會否被拒絕或撤回？
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) 是 Yes 否 No
- (b) 是 Yes 否 No
- (c) 是 Yes 否 No

9. 請列出所需受保之期間。
Please state period of insurance required.

由 From _____ 至 To _____

10. 所需保單責任限額（見註釋）：
Required Policy Limit of Indemnity (See Note):

港幣一億元 HK\$100 Million 港幣二億元 HK\$200 Million

註釋 (Note)
保單之責任限額是閣下選取之保險保障，此數目將是保險公司付出一事故之最高賠償額，並包括為閣下處理及解決索償而引起之法律費用和其他支出。

The Policy Limit of Indemnity is the amount of insurance protection selected by you and represents the maximum indemnity the Company will offer you in respect of all claims arising out of one event and includes all claimant's costs and expenses, and other costs and expenses that may be incurred by you or on your behalf in the defence or settlement of claims.

根據僱員補償法例（第二百八十二章），僱主須替僱員投保符合以下條文之僱員補償保險保單：
Under the Employees' Compensation Ordinance (Cap. 282), an employer must take out an employees' compensation insurance policy that meets the following requirement.

- (a) 如僱員人數不超過二百人，每次事故之責任限額不少於港幣一億元。
If the number of employees does not exceed 200, a minimum policy indemnity limit of HK\$100 million any one event; or
- (b) 如僱員人數在二百人以上，每次事故之責任限額不少於港幣二億元。
If the number of employees exceeds 200, a minimum policy indemnity limit of HK\$200 million any one event.
- (c) 根據僱員補償條例第 40(1B) 及 40(1C) 條款，總承判商及次承判商或集團公司投保一份保險單，每次事故之責任限額不少於港幣二億元。
For the purpose of Section 40(1B) and 40 (1C), where a principal contractor or a group of companies takes out a policy of insurance, a minimum policy indemnity limit of HK\$200 million any one event.

聲明 DECLARATION

吾/吾等下列各人願向太平洋保險有限公司依據上述之保險條款投保，及同意設一正確薪金及工資記錄表冊並於保險期屆滿時遵照 貴公司所需之報表格式填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。吾/吾等茲聲明已閱讀及審核上列之一切報表及細則均屬實無訛，並無隱瞞，虛報或歪曲任何事實，所估計之薪金及工資乃公平者，吾/吾等同意本項聲明將成為吾/吾等與貴公司之間訂立保險合約之根據。

I/We, the undersigned, desire to effect an insurance as abovestated in terms of policy to be issued by The Pacific Insurance Company, Limited and 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 and checked are true, and have not suppressed, mis-represented or mis-stated any material fact, and the total salaries wages and expenditure are fairly estimated. I/We agree that this declaration shall be the basis of the contract between me/us and the Company.

吾/吾等謹聲明吾/吾等已獲得以上所提及第三者之同意使用其個人資料以填寫此投保書。
I/We hereby declare that I/we have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.
吾/吾等謹聲明吾/吾等已閱讀並同意太平洋保險有限公司有關收集、使用、保障和查閱個人資料的政策和做法。
I/We hereby declare that I/we have read and agree to The Pacific Insurance Company, Limited's policies and practices on the collection, use, security and access of personal data information in accordance with the Ordinance.

日期 _____ 投保人簽署 _____
Date _____ Signature of Proposer _____

此欄由本公司填寫 For Office Use Only

Agent :	A/C Code :	Policy No.
Remarks :		