



The Employees' Compensation Insurance Residual Scheme Bureau Limited

僱員補償聯保計劃管理局有限公司

PROPOSAL FORM

QUALIFYING EMPLOYERS

Only the Qualifying Employers are eligible to enter the Employees' Compensation Insurance Residual Scheme ("ECIRS"). Qualifying Employers are determined as:

- i. employers who have been declined insurance cover by at least 3 insurers; or
- ii. in seeking cover, the premium rate quoted by insurers are 30% over the corresponding premium benchmark rates of the relevant High Risk Groups ("HRGs") as specified below.

Provided that:

- the employers shall request the insurers concerned to provide written evidence of the aforesaid declination; and
- the non-availability of insurance is not by reason of the employers:
 - (a) failing to pay premiums due; or
 - (b) failing to meet statutory requirements on occupational health and safety imposed as a condition of the grant of insurance; or
 - (c) intending to commit any illegal act
- the employers are not insolvent.

BUSINESS ACTIVITIES

Please put a tick "✓" in the appropriate box for which the employer is involved in such business activity:

Category		Supplementary Information Required	Premium Benchmark Rate*
(A) High Risk Groups ("HRGs")			
1	Air conditioner installation worker/repairer	<input type="checkbox"/> Appendix I (1)	6.50%
2	Blasting	<input type="checkbox"/> Appendix I (2)	28.99%
3	Cleaning	<input type="checkbox"/> Appendix I (3)	3.07%
4	Crane operator	<input type="checkbox"/> Appendix I (4)	13.54%
5	Demolition work	<input type="checkbox"/> Appendix I (5)	79.39%
6	Diving	<input type="checkbox"/> Appendix I (6)	81.70%
7	Drain repairer	<input type="checkbox"/> Appendix I (7)	6.32%
8	Earth removal	<input type="checkbox"/> Appendix I (8)	31.08%
9	Excavation	<input type="checkbox"/> Appendix I (9)	31.08%
10	Filling and reclamation	<input type="checkbox"/> Appendix I (10)	31.08%
11	Gondola worker and window cleaner	<input type="checkbox"/> Appendix I (11)	41.22%
12	Logistics/Transportation	<input type="checkbox"/> Appendix I (12)	6.09%
13	Neon light signboard installation worker/repairer	<input type="checkbox"/> Appendix I (13)	4.79%
14	Recycling	<input type="checkbox"/> Appendix I (14)	16.61%
15	Scaffolding	<input type="checkbox"/> Appendix I (15)	65.58%
16	Ship repairer	<input type="checkbox"/> Appendix I (16)	12.53%
17	Steel bending and erection	<input type="checkbox"/> Appendix I (17)	9.15%
18	Steeplejacks	<input type="checkbox"/> Appendix I (18)	49.55%
19	Stevedores	<input type="checkbox"/> Appendix I (19)	27.34%
20	Tunnelling	<input type="checkbox"/> Appendix I (20)	52.77%
21	Well sinkers and borers	<input type="checkbox"/> Appendix I (21)	22.29%
22	Worker on board launch/river trade vessel	<input type="checkbox"/> Appendix I (22)	8.77%
(B)	Others (non-HRGs), please specify:	<input type="checkbox"/> not applicable	Quote on each application

(*a premium loading and discount mechanism would be applied subject to final quotation)

29th Floor, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong

Tel: 2591 9316 Fax: 2591 6962

Email: administrator@ecirsb.com.hk

Website: www.ecirsb.com.hk

INSURANCE HISTORY

1. Has the employer previously purchased any Employees' Compensation Insurance?
Yes No

If "Yes", please give details.

<u>Insurer(s)</u>	<u>Insurance Period</u>		<u>Premium Paid</u>
	From	To	HK\$
	From	To	HK\$
	From	To	HK\$
	From	To	HK\$
	From	To	HK\$

2. For the last 3 years, has any insurer in respect of the risks to which this proposal relates:

(i) declined the employer's proposal, refused renewal or cancelled any insurance? Yes No

(ii) required an increased premium or imposed special conditions? Yes No

If "Yes" to (i) or (ii), please provide details together with proof documents.

EMPLOYER'S DETAILS

1. Name of Employer in full (Please provide a copy of Business Registration Document)

2. Place of Employment

3. Correspondence Address / Contact Person

Tel.: _____ Fax: _____

4. Email Address and Website (if any)

DETAILS OF EMPLOYER'S BUSINESS / PROFESSION

1. Please provide a full description of the employer's business activities / profession.

2. How long has the business been established? _____ Year(s)

If less than 1 year, then how long has the business owner been engaged in the industry / profession? _____ Year(s)

3. Does the employer need to carry out work outside Hong Kong? Yes No

If yes, please give nature of work and no. of employee(s) involved.

4. If the employer intends to insure on project basis, please also provide the additional information as requested in Appendix II (applicable to both Category A – HRGs and Category B – non-HRGs).

5. Is the employer a member of any trade or industry association? Yes No

If yes, please give brief details:

6. Has the employer been convicted of any offence about safety regulations in last 3 years? Yes No

If yes, please give brief details:

HEALTH & SAFETY MANAGEMENT, RISK MANAGEMENT

1. Are existing safety procedures/risk management plan/working manual in place? Yes No

If yes, please give brief details:

2. Please provide examples of the risk improvement measures that the employer has introduced to control the risks from the business activities.

3. How are risk management policy communicated to employee(s)?

4. Does the employer have documented procedures covering, for example, induction of new employee(s), health and safety training? Yes No

If yes, please give brief details:

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EMPLOYEE'S DETAILS

1. Please provide the following information:

<u>Occupation of Employee(s)</u>	<u>Number of Employee(s)</u>	<u>Estimated Total Annual Earnings*</u>
Total:		

DECLARATION

I/We, being the owner of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.

 Authorised Signature (with Company Chop)

* Earnings include salaries, commissions, bonuses, overtime, allowance etc.

2. Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.

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CLAIMS AND RELATED DETAILS

1. Please provide the claim history for the past 5 years:

[Note: Employer shall make request on the previous insurers for providing written evidence of such records; otherwise the maximum premium loading will be imposed.]

<u>Year</u>	<u>Paid Claim(s)</u>		<u>Outstanding Claim(s)</u>		<u>Total for the Year</u>	
	<u>No. of case</u>	<u>Amount (HK\$)</u>	<u>No. of case</u>	<u>Amount (HK\$)</u>	<u>No. of case</u>	<u>Amount (HK\$)</u>

2. Details of any Claim with amount over HK\$250,000.

<u>Date of Accident</u>	<u>Brief Details of each accident</u> (including cause of loss, degree of injury, current status etc)	<u>Claim Amount (HK\$)</u>	
		<u>Paid</u>	<u>Outstanding</u>

EMPLOYER'S INSURANCE REQUIREMENT

From when would the employer wish this insurance to commence and expire?

From _____ (dd) _____ (mm) _____ (yy) To _____ (dd) _____ (mm) _____ (yy)

IMPORTANT

This insurance will not be effective unless this Proposal has been officially accepted by the Administrator on behalf of Participating Insurers of the ECIRS.

The questions on this form and any other details we may request in connection with the proposal for insurance relate to facts which we consider material to underwrite the insurance. However because no list of questions can be exhaustive please consider if there is any other material information relevant to this Proposal which could influence our assessment and acceptance of the insurance, and advise us accordingly. Failure to disclose all material facts whether or not the subject of a specific question may invalidate the insurance.

DECLARATION

I/We, being the owner of the proposed business, warrant the above statements made by me/us or on my/our behalf are true and complete and I/we agree that this Proposal shall be the basis of the contract between me/us and the Participating Insurers of the ECIRS.

Authorized Signature: _____
(with Company Chop)

Date: _____

Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- (ii) any claim or investigation or analysis of such claim;
- (iii) exercising any right of subrogation; and

may be transferred to:

- (i) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- (ii) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- (iii) any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, the Administrator is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by the Administrator. Requests for such access can be made to the Administrator, 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong (Telephone: 2591 9316, Facsimile: 2591 6962).

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