



# CHUNG KUO INSURANCE CO., LTD.

## WORKMEN'S COMPENSATION INSURANCE APPLICATION

Policy No.

1. Name of Insured:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_

2. Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

3. Classification of Operation:

\_\_\_\_\_

4. Business Location:

\_\_\_\_\_

\_\_\_\_\_

5. No. of Employee & Job Classification

No.	Job Classification	Rate	Code No.	Est. Total Annual Comp.	Est. Total Annual Premium

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date