GK GENERAL INSURANCE COMPANY LIMITED



LIGUANEA DOWNTOWN MANDEVILLE Severeign Cir. Duke Street Midway Mail

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WAGES DECLARATION

		CCES DECEM	<u> </u>	
INSURED:	10 31 00			
POLICY#		INSURED BUSIN	NESS:	
PERIOD OF COVER FROM:		20	_TO	20
You are reminded that your a (a) to keep a proper wag (b) to allow the Compar (c) to supply the Compar account of all wages DECLARATION OF W. This declaration must include numbered policy. Earnings remuneration received by an	ges record; ny at all times to ny WITHIN C , salaries, and c AGES e the full earnin must include al	o inspect such record ONE MONTH OF E other earnings paid de ags of all employees ll wages, salaries, bo	CXPIRY of the period of its uring that period covered by the terms and onuses, tips, overnight payr	conditions of the above nents or other special
kind.	employee and	inc actual value of ic	ou, fuci and quarters of si	illiar allowalices in
Category of Employees	Number of Employees	Payments	Allowances for Food, Fuel or Other	TOTAL
		-		
	7	7		
				1.0
I/We hereby declare that Schedule above for the p conditions of my/our Polic salaries and that all allow Authorized Signature:	eriod of insur cy; I/We wari rances in kind	ance as stated is f rant that it is a tru I or money have b	furnished by me/us in a ne statement; that it inc	accordance with the
(Insert Co	mpany Star	np)		