**GK GENERAL INSURANCE COMPANY LIMITED**

NEW KINGSTON Knutsford Boulevard | LIGUANEA Sovereign Ctr. | DOWNTOWN Duke Street | MANDEVILLE Midway Mall | MONTEGO BAY Fairview Shopping Ctr. | PORTMORE Portmore Town Ctr.

**Toll Free:** 1-888-429-5GKG (429-5454) | **Fax:** 876-968-1920 | **Email:** gkginfo@gkco.com | **Website:** www.gkgeneral.com

# WAGES DECLARATION

**INSURED**: _____

**POLICY #**_____ INSURED BUSINESS:_____

**PERIOD OF COVER FROM**:_____20___ TO _____20____

You are reminded that your are bound by the Conditions of your Policy:

(a) to keep a proper wages record;
(b) to allow the Company at all times to inspect such record;
(c) to supply the Company **WITHIN ONE MONTH OF EXPIRY** of the period of insurance with a correct account of all wages, salaries, and other earnings paid during that period

## DECLARATION OF WAGES

This declaration must include the full earnings of all employees covered by the terms and conditions of the above numbered policy. Earnings must include all wages, salaries, bonuses, tips, overnight payments or other special remuneration received by an employee and the actual value of food, fuel and quarters of similar allowances in kind.

| Category of Employees | Number of Employees | Payments | Allowances for Food, Fuel or Other | TOTAL |
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I/We hereby declare that the statement of wages, salaries and other earnings set forth in the Schedule above for the period of insurance as stated is furnished by me/us in accordance with the conditions of my/our Policy; I/We warrant that it is a true statement; that it includes full wages and salaries and that all allowances in kind or money have been included therein.

**Authorized Signature:**_____ **Date:**_____

**(Insert Company Stamp)**