

**ANNEX THREE**

TO THE OFFICIAL GAZETTE OF THE REPUBLIC OF CYPRUS

Number 3166 of 11 JULY 1997

**ADMINISTRATIVE ACTS**

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**PART I**

**Regulatory Administrative Acts**

**Number 197**

**The Employers' Liability (Compulsory Insurance) Regulations of 1997, submitted to and approved by the House of Representatives, are published in the Official Gazette of the Republic of Cyprus in accordance with section 22 of the Employers' Liability (Compulsory Insurance) Law of 1989.**

THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) LAW

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Regulations issued in accordance with section 22

174 of 1989.	In exercise of the powers vested in it by section 22 of the Employers' Liability (Compulsory Insurance) Law, the Council of Ministers issues the following Regulations :
Short title.	1. These Regulations may be cited as the Employers' Liability (Compulsory Insurance) Regulations of 1997.
Forms. Schedule.	2. Unless the context otherwise requires, the words and terms contained in these Regulations and in the Forms prescribed by these Regulations shall have the meanings ascribed to them in the Employers' Liability (Compulsory Insurance) Law (hereinafter referred to as "the Law").
	3. The Forms set out in the Schedule to these Regulations are used for the purposes referred to in the Law, while the data

<p>Certificate of insurance. Form EE2</p> <p>Cover note. Form EE1.</p>	<p>contained therein are defined by this Regulation as the data required by the Law.</p> <p>4. – (1) The certificate of insurance referred to in section 2 of the Law, issued by the insurer to every employer, shall be in the form as set out in Form EE2.</p> <p>(2) Where the certificate of insurance forms part of a cover note issued by the insurer, both the cover note and the certificate shall be in the form as set out in Form EE1.</p> <p>(3) Every certificate of insurance must be authentic and issued by or on behalf of an authorised insurer.</p> <p>(4) The certificate of insurance issued in accordance with the Law and these Regulations shall be printed and filled in on white paper using in black ink.</p> <p>(5) The certificate of insurance or/and the cover note shall not contain any advertisement or information which is not provided for in the prescribed Form.</p> <p>(6) Copies of the certificate of insurance displayed in places other than the employer's central places of business in accordance with the provisions of section 15 of the Law must be certified as being true and accurate copies by the insurer who issued the certificate or an authorised representative acting on his behalf. The certification fees shall not exceed two pounds for each copy.</p> <p>Provided that all certified copies of the certificate of insurance shall be returned together with the certificate of insurance in accordance with the provisions of section 8 of the Law.</p>
<p>Exempted category of employers.</p>	<p>5. For the purposes of section 3, paragraph (c) of the Law, an employer who employs from time to time a person or persons for occasional services for very short periods of time not exceeding eight hours in a week is considered to fall within an exempted category.</p>
<p>Keeping of files.</p>	<p>6. (1) The insurer shall keep a separate file for each employer whom he insures against liability. The following documents must be included in the file :</p> <p>(a) The proposal form which must contain, inter alia, the</p>

Form EE5.	<p>employer's registration number under the Social Insurance Law, the employer's name and the estimated number of employees for each hour, day, week, month or year, whichever is appropriate;</p> <p>(b) a copy of the insurance policy which must contain the employer's details, his usual place of business, the maximum sum insured, the date of commencement and expiry of the insurance policy, and all other terms of the policy;</p> <p>(c) a copy of the certificate of insurance and/or of the cover note;</p> <p>(d) any other document relating to the employer's policy.</p> <p>(2) All the documents contained in the file shall be retained for a period of at least three years from the date of expiry of the insurance policy or from the date of issue of a judgment by the court in the claim relating to the insurance policy.</p> <p>(3) The insured employer is required to -</p> <p>(a) Keep a record of wages using form EE5;</p> <p>(b) authorise the persons listed in subsection (1) of Regulation 10 and the insurer to inspect the record of wages;</p> <p>(c) provide the insurer within one month of the expiry of the period of insurance or termination of the insurance contract with a correct statement of all salaries, wages and other emoluments paid during the insurance period.</p> <p>(4) The insurer shall provide every information included in the file mentioned in subsection (1) of this Regulation, when requested to do so by any inspector, as laid down in section 16 of the Law, or by the Superintendent of Insurance or by the competent police authority or by the Workers' Compensation Insurers' Fund as laid down in section 17 of the Law. The insurer shall furthermore provide, when requested to do so by the above persons, true copies of the documents contained in the file.</p> <p>(5) In the event of non-compliance with the provisions of this Regulation, the offender shall be the subject of criminal proceedings and is liable, on conviction, to imprisonment for a term not exceeding six months or to a fine not exceeding three hundred and fifty pounds or to</p>
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<p>Termination of insurance.</p>	<p>both such penalties.</p> <p>7. The insurer must notify in writing the Ministry of Labour and Social Insurance, the Superintendent of Insurance and the Workers' Compensation Insurers' Fund of the cancellation of an insurance policy issued by him for reasons other than the normal expiry of the insurance policy.</p> <p>Provided that the cancellation of an insurance policy by the insurer shall not have any effect unless the insurer has sent a notice of the cancellation to the insured employer by registered letter to the insured employer's last known address at least fifteen days before the date of cancellation.</p>
<p>Affidavit of loss or destruction of certificate of insurance. Form EE3</p>	<p>8. (1) For the purposes of section 8 of the Law, the affidavit mentioned therein concerning the loss or destruction of a certificate of insurance and/or any certified copy thereof shall be in the form as set out in Form EE3.</p> <p>(2) The affidavit mentioned in subsection (1) of this Regulation shall be sent or delivered to the insurer.</p>
<p>Invalid terms of insurance policy.</p>	<p>9. For the purposes of section 7 of the Law and without prejudice to the generality thereof, the acts or omissions that may take place after the event are considered to be the following:</p> <p>(a) Omission by the insured to notify the insurer or any other person of the occurrence of an event from which the insurer's liability under the policy arises or may arise;</p> <p>(b) omission by the insured to notify the event in good time or within a reasonable period of time after the occurrence of the event, as mentioned in subsection (a);</p> <p>(c) omission by the insured to notify the insurer or to inform him in good time of any claim, court documentation, order, letter or other document;</p> <p>(d) admission of any liability or offer, promise or payment of any sum in relation to the event without the written consent of the insurer;</p> <p>(e) provision by the insured to the insurer or any other person of inaccurate or false information or description which does not reflect reality, in relation to</p>

<p>Sending of certificate of insurance to authorised persons.</p>	<p>the event;</p> <p>(f) concealment from the insurer or any other person of information that the insured ought to have disclosed in relation to the event.</p> <p>10.(1) The persons to whom the employer is required to produce and/or send the certificate of insurance or/and a certified copy thereof, when required to do so in writing or orally, pursuant to the provisions of paragraph (b) of subsection (1) of section 15 of the Law, are the following:</p> <p>(a) An inspector appointed by the Minister or Labour and Social Insurance for the purposes of the Law;</p> <p>(b) the Superintendent of Insurance or his representative;</p> <p>(c) the Workers' Compensation Insurers' Fund;</p> <p>(d) the Chief of the Police or his representative;</p> <p>(e) any person employed by the insured employer or a legal representative authorised by the employee.</p> <p>(2) The certificate of insurance or/and the certified copy thereof shall be presented or sent within a period not exceeding seven (7) days from the date on which it was requested.</p>
<p>Inspection of certificate of insurance.</p>	<p>(3) The persons whom the employer is required to authorise to inspect a policy or a copy thereof, pursuant to paragraph (c) of subsection (1) of section 15 of the Law, shall be those persons referred to in paragraph (1) of this Regulation.</p>
<p>Certificate of appointment of inspector.</p>	<p>11. The certificate of appointment of an inspector issued by the Minister of Labour and Social Insurance and referred to in subsection (5) of section 16 of the Law shall be in the form as set out in Form EE4.</p>
<p>Workers' Compensation Insurers' Fund.</p>	<p>12. For the purposes of implementing the provisions of paragraph (b) of subsection (1) of section 17 of the Law, the Workers' Compensation Insurers' Fund is entitled to request free of charge :</p> <p>(a) From the employee or any legal representative authorised by him, that he submits a list of all his employers, as well as his periods of employment by each of them;</p> <p>(b) from every employer that he submits a confirmation of his employee's statements concerning his alleged</p>

<p>Minimum sums of insurance against liability.</p>	<p>employment and the periods of employment;</p> <p>(c) from the Ministry of Labour and Social Insurance that it provides any data capable of helping to ascertain the data mentioned in sub-paragraphs (a) and (b) of this Regulation, as well as any possible report possibly prepared by the Ministry of Labour and Social Insurance, as regards the accident or occupational disease.</p> <p>13.– (1) The minimum sums for which an employer is requested to insure against his liability towards his employees, in accordance with the provisions of the Law are -</p> <p>(a) For every accident or occupational disease, fifty thousand pounds, for each employee;</p> <p>(b) for every accident or series of events which arise from the same cause, two million pounds;</p> <p>(c) for any period of insurance a maximum cover of three million pounds.</p> <p>(2) Where more than one claim arising from the same event or series of events, as aforesaid, is made which exceed the sum of two million pounds in total, the minimum sum of fifty thousand pounds for every employee shall be reduced in proportion to the sum which corresponds to the sum of two million pounds as against the total sums awarded.</p>
<p>Commencement.</p>	<p>14. These regulations come into force on the first of November 1997.</p>

**R.A.A. 197/97**

SCHEDULE  
Form EE1  
(Regulation 4(2))  
COVER NOTE

Cover note number: .....  
(Name of employer, natural or legal person)

..... after having submitted an insurance proposal in accordance with the Employers' Liability (Compulsory Insurance) Law or any law amending or substituting the same, in respect of the employer's liability for an accident or occupational disease sustained by all his employees, the details of whom are shown in the Table below, I hereby declare that the risks have been provisionally insured under the usual terms of the company for the period commencing at..... (time) on..... (date) until midnight on..... (date) unless the cover note is cancelled in accordance with the provisions of section 9 of the Law and that the corresponding part of the annual policy has been charged for the period for which the company had borne the risk.

TABLE

Full name – Trade name of the insured:.....  
Employer's social insurance number:.....  
Address of the insured: .....  
Type of work:.....  
Maximum insured amount:.....

	Employment category	Estimated number of employees
Estimated number of employees per category of employment:	-----	-----
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Signature .....

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The Employers' Liability (Compulsory Insurance) Law  
or any law amending or substituting the same  
CERTIFICATE OF INSURANCE

I, the undersigned insurer certify that this cover note has been issued in accordance with the provisions of the Employers' Liability (Compulsory) Insurance Law or any law amending or substituting the same and Regulations made thereunder.

Date:.....

**Signature**.....  
(Trade name of Insurer)

Form EE2  
(Regulation 4(1))  
CERTIFICATE OF INSURANCE  
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The Employers' Liability (Compulsory Insurance) Law (Law 174 of 1989)  
or any law amending or substituting the same

( A copy of this certificate must be displayed at each workplace where the  
insured employer employs persons covered by this policy.)

Certificate number: .....

- 1 (a) Full name or trade name of the employer :
- (b) Address of the insured:
- (c) Employer's social insurance registration number :
- 2. Policy number :
- 3. Date of commencement of insurance policy :
- 4. Date of expiry of insurance policy :
- 5. Type of work performed :
- 6. Estimated number of persons employed and covered by the policy :

I certify that the insurance policy to which this certificate refers has been issued  
in accordance with the provisions of the Employers' Liability (Compulsory  
Insurance) Law or any other law amending or substituting the same and the  
Regulations made thereunder.

(Name and full particulars of the insurer)

.....  
.....  
.....

Signature of the insurer: .....

Date: .....



**R.A.A. 197/97**

Form EE3  
(Regulation 8)

**AFFIDAVIT OF LOSS OR DESTRUCTION  
OF CERTIFICATE OF INSURANCE**

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The Employers' Liability (Compulsory Insurance) Law (Law 174 of 1989)  
or any law amending or substituting the same

With this affidavit of mine ..... I certify that the insurance certificate or copy thereof, particulars of which are set out herein below, has been lost/destroyed.\*

Number of certificate and date of issue : .....

Number of insurance policy and date of issue : .....

Name and address of insurer who issued the certificate : .....

.....

Date of commencement : .....Date of expiry : .....

Full name or trade name of insured : .....

.....

Address of insured : .....

Type of work performed : .....

Number of persons covered by the insurance policy: .....

(signature): .....

The affiant:

Full name.....

Address.....

.....

Date: .....

\* Delete as appropriate.

Form EE4  
(Regulation 11)

INSTRUMENT OF APPOINTMENT OF INSPECTOR  
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The Employers' Liability (Compulsory Insurance) Law (Law 174 of 1989)  
or any law amending or substituting the same

In accordance with the provisions of section 16 of the Employers Liability  
(Compulsory Insurance) Law or any law amending or substituting the same, I  
hereby appoint from ..... (date)  
and for a period of .....years, M./Mrs:

Full name: .....

Ministry: .....

Position held: .....

to be an Inspector for the purposes of the above Law.

.....  
Minister of Labour and  
Social Insurance

Date : .....

**R.A.A. 197/97**

**FORM EE5  
(Regulation 6(3)(a))  
RECORD OF WAGES**

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The Employers' Liability (Compulsory Insurance) Law (Law 174 of 1989)  
or any law amending or substituting the same

(Name or trade name of employer)

From: .....

Employer's address: .....

Employer's social insurance registration number: .....

Address of place of work :

Period of employment: from..... to.....

Number of employees: .....

A/A	Social insurance number	Full name of employee	Type of work	Pay scale	Days/ hours of work Number	Gross emoluments £ cent	Deductions £ cent	Net emoluments £ cent
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Date .....

Signature.....