労働災害補償保険　保　険　関　係　成　立　の　証

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| 労働保険番号 |  | | | | | | | | | | | | | | | |
|  | 府県 | | 所掌 | 管轄 | | 基幹番号 | | | | | | 枝番号 | | |  |
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|  | | | | | | | | | | | | | | | |
| 工事名 |  | | | | | | | | | | | | | | | |
| 工事場所 |  | | | | | | | | | | | | | | | |
| 保険加入者 | 住　　所  氏　　名 | | | | | | | | | | | | | | | |
| 労働基準監督署  証明欄 | 労働災害補償保険の関係は成立済みである。  （証明印） | | | | | | | | | | | | | | | |