



**WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM**

**"LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT, 1938"**

"Some sections of the application may not apply to your firm. Where this is the case, please mark "not applicable" (N/A). If you do not find sufficient space in any of the above columns, please use additional sheets for giving full details."

**Section 1-**

- 1- Proposer's names in full
- 2- Proposer's business address
- 3- Proposer's trade or occupation
- 4- Particulars of work

**Section 2-**

Description of Employees	Estimated Number of Employees	Full details of work subject (Specify exact, nature of work)	Cash (annual)	Living or other allowances if any(annual)	Total Estimated Annual Earnings	Insurance required State Table A or B of prospectus
Clerical Staff						
Commercial Travellers						
Any other employee(pl provide category and details as provided in first two categories)						

The total amount of wages salaries and other earnings paid by me during the past twelve months was Rs.

Do you wish to insure your liability under the Workmen's Compensation Act, 1923 and subsequent amendments of the said Act prior to the date of the issue of the Policy to the workmen of contractors?

Yes  No

If 'yes' please state:-

Names of Contractors	Full details of work subject (Specify exact, nature of work)	In cases for which the contract is for labour only, state total amount of contract or wages paid	In case for which the contract is for labour and materials state estimated amount of contract.	In case for which contract is for labour materials and equipment, state estimated amount of contract.
		Rs.	Rs.	Rs.
		Rs.	Rs.	Rs.
		Rs.	Rs.	Rs.

### Section 3-

1	Does the above, schedule include- (a) All persons in your service? (b) All your subcontractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	If Not, then kindly confirm which category of employees are not covered?		
3	Do you provide specific training to your employees on how to perform their respective job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Does all employees are acquainted with standard safety procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Are your premises a Factory within the meaning of the Factories Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Does the insured instruct all workers in proper lifting techniques? Are they provided with materials-handling aids and encouraged to obtain help where moving extremely heavy objects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Does the insured provide heavy-duty work gloves for all employees performing rigorous manual labor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Are all machines equipped with emergency stop bars?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Are employees who operate process machinery instructed not to wear loose-fitting clothing and to remove all jewelry or accessories which could get caught in an in-running nip point?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	What is the level of housekeeping in the production area?		
12	State what acids, gases chemicals or explosives will be used and to what extent?		
13	Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Has any proposal for an insurance in respect of your liability to your employees or renewal thereof even been declined or withdrawn?	(a) Declined – <input type="checkbox"/>	Yes <input type="checkbox"/> No

		(b) Withdrawn – <input type="checkbox"/>	Yes <input type="checkbox"/>	No																																				
15	Is there any incidence of injury/ accident including death to workers/ employee for the last 3 years? Even though not reported to insurance company or there is no insurance.		Yes <input type="checkbox"/>	No <input type="checkbox"/>																																				
17	If point 15 is yes, kindly explain the type of casualty and remedies taken by the proposer to avoid such incidence in future.																																							
16	State the total wages paid and particulars of accidents to your employees during the past three years.																																							
	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Total Wages</th> <th style="text-align: center;">Fatal</th> <th colspan="2" style="text-align: center;">Perm.Disablement</th> <th colspan="2" style="text-align: center;">Temp.Disablement</th> </tr> <tr> <th style="text-align: center;">-----</th> <th style="text-align: center;">-----</th> <th style="text-align: center;">-----</th> <th style="text-align: center;">-----</th> <th style="text-align: center;">-----</th> <th style="text-align: center;">-----</th> </tr> <tr> <th style="text-align: center;">No.</th> <th style="text-align: center;">Cost.</th> <th style="text-align: center;">No.</th> <th style="text-align: center;">Cost.</th> <th style="text-align: center;">No.</th> <th style="text-align: center;">Cost.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Rs</td> <td style="text-align: center;">Rs</td> <td></td> <td style="text-align: center;">Rs</td> <td></td> <td style="text-align: center;">Rs</td> </tr> <tr> <td style="text-align: center;">Rs</td> <td style="text-align: center;">Rs</td> <td></td> <td style="text-align: center;">Rs</td> <td></td> <td style="text-align: center;">Rs</td> </tr> <tr> <td style="text-align: center;">Rs</td> <td style="text-align: center;">Rs</td> <td></td> <td style="text-align: center;">Rs</td> <td></td> <td style="text-align: center;">Rs</td> </tr> </tbody> </table>	Total Wages	Fatal	Perm.Disablement		Temp.Disablement		-----	-----	-----	-----	-----	-----	No.	Cost.	No.	Cost.	No.	Cost.	Rs	Rs		Rs		Rs	Rs	Rs		Rs		Rs	Rs	Rs		Rs		Rs			
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**Proposers Acknowledgement**

INFORMATION OR DATA CONTAINED IN OR SUBMITTED IN CONNECTION WITH THIS PROPOSAL FORM (OR OTHERWISE TO ANY OF THE COMPANIES IN CONNECTION WITH THE UNDERWRITING PROCESS) DOES NOT CONSTITUTE NOTICE OF AN OCCURRENCE, WRONGFUL ACT, CLAIM, SUIT OR OTHER CIRCUMSTANCE AND DOES NOT SATISFY ANY OF THE REPORTING NOTIFICATION OR OTHER PROVISIONS OF ANY POLICY. AS SUCH, ANY NOTICE MUST BE GIVEN SEPARATELY IN ACCORDANCE WITH THE APPLICABLE POLICY CONDITIONS.

For the purposes of this proposal form, the undersigned officer of all person(s) and entity(ies) proposed for this insurance declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this proposal. Signing this proposal shall not constitute a binder or obligate the Company to complete this insurance, but it is agreed that this proposal and other information submitted to us by you or on your behalf or by or on behalf of any other party applying for this insurance shall be the basis upon which a policy may be issued.

If the statements in this proposal or in any attachment(s) change materially before the effective date of any proposed policy, the proposer must notify the Company, and the Company may modify or withdraw any quotation.

Signature of Proposer & Title

Date

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**NOTICE TO PROPOSER - PLEASE READ CAREFULLY.**

ANY PERSON WHO, BY ANY STATEMENT, PROMISE OR REPRESENTATION WHICH HE KNOWS TO BE FALSE, MISLEADING OR DECEPTIVE, OR BY ANY DISHONEST CONCEALMENT OF MATERIAL FACTS, OR BY THE RECKLESS MAKING (DISHONEST OR OTHERWISE) OF ANY STATEMENT, PROMISE OR REPRESENTATION WHICH IS FALSE, MISLEADING OR DECEPTIVE, INDUCES OR ATTEMPTS TO INDUCE ANOTHER PERSON TO ENTER INTO OR OFFER TO ENTER INTO ANY CONTRACT OF INSURANCE COMMITS AN OFFENCE.

### **Notice**

The rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates [or, as the case may be, the relevant document]. An offer or acceptance of any other rebate shall be an offence under section 41 of the Act.

#### Section 41 of the Insurance Act : Prohibition of Rebates

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.”

**STATUTORY NOTICE : INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION**