

Employees Compensation Insurance - Proposal Form

If at any time during the Period of Insurance any Employee of the Insured so declared shall sustain Injury by accident arising out of and in the course of his employment in the Business, Indemnity shall be under Law(s) opted for, subject to the terms, exceptions and conditions contained in the Policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insured shall be so liable which is agreed by the Insurer and mentioned in the Policy Schedule.

The liability of the Company does not commence until the acceptance of the proposal form has been formally intimated by the Company and full premium has been realized by the Company.

APPLICANT DETAILS

Proposer's Names:

Proposer's business

[Correspondence] address

Pincode:

#Mobile No:

State: Income Tax Pan No.:

Proposer's trade or occupation

Particulars of work to be covered in Detail

Risk Location address(s)

Policy Period From AM/PM on To AM/PM

#Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

COVERAGE'S REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a. Limit Per Employee for any number of accidents during Period of Insurance ₹ <input type="text"/> b. Limit Per Accident for any number of Employees ₹ <input type="text"/> c. Aggregate Limit for all accidents and claims arising there from during the Period of Insurance ₹ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	d. Limit Per Employee for any number of accidents during Period of Insurance ₹ <input type="text"/> e. Aggregate liability for all accidents during the Period of Insurance ₹ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Diseases		f. Limit Per Employee ₹ <input type="text"/> Yes No g. Aggregate liability of the company for all employees during the Period of Insurance ₹ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Contractors Employees		Limit: As per Employees Compensation Act	<input type="checkbox"/> Yes <input type="checkbox"/> No

ALL PERSONS EMPLOYED MUST BE INCLUDED

* Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a traveling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

Own Employees details**

Description of work done by Employees	Declared Number of Employees	Declared Wages during the Period of Insurance	Place/Places of Employment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance	Place/Places of Employment

Does the above, schedule include (a) All persons in your service? (b) All your contractors/ subcontractors?	(a) (b)
Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	
Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.	
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.	(a) Declined (b) Withdrawn
Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at 022 6158 2020/ 022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim or simply text Hi on what's'app number 8169 500 500 for instant policy servicing. UIN: Employees Compensation Insurance (Workman Compensation) - IRDANI25RP0017V02201112.

DECLARATION

I/We the undersigned this.....day of.....20.....desire to effect an insurance in terms of the Policy to be issued by the Company against my/our Statutory, Common Law liability and other covers above mentioned.

I/We hereby declare that all the above statements and particulars, which I/We have read over, checked, are true that I/We have not suppressed misrepresented or mis-stated any material fact, that I/We have fairly declared

my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and theCompany.

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form.

I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realizing [in case of payment by Cheque/ DD/PO] of

prescribed premium amount, failing which Company's risk is void ab initio. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

I/We undertake to exercise all statutory, ordinary and reasonable precautions for safety of all the Employees as if they were uninsured.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Proposer: _____