

## 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																
State																
Pin Code																
Income Tax Pan No																
Proposer's trade or occupation																
Particulars of work to be covered in Detail																
Risk Location address(s)																
Policy Period																
	From	H	H	M	M	AM/PM	on To	midnight	H	H	M	M	AM/PM			

## 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 ₹ _____ b. Limit Per Accident for any number of Employees ₹ _____ c. Aggregate Limit for all accidents and claims arising there from during the Period of Insurance ₹ _____	<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 ₹ _____ e. Aggregate liability for all accidents during the Period of Insurance ₹ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Diseases		f. Limit Per Employee ₹ _____ g. Aggregate liability of the company for all employees during the Period of Insurance ₹ _____	<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 an employee towards any pension or provident fund or a sum paid to an 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

## CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]\*\*

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

\*\* Please attach additional sheets if required

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?	

State the total Wages paid and particulars of accidents to your employees during the past three years.\*\*

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

State the total wages paid and particulars of accidents to your contractors employees during the past three years.\*\*

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

COVERAGE'S REQUIRED

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938 as amended shall be punishable with a fine which may extend to ₹10 Lakhs.

PREMIUM DETAILS

Amount Rs.  Rupees

SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify)

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No.  Account: Savings ☐ Current ☐

Name of Bank  Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish: ☐ Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.\*

\*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Note:

- Please provide a cancelled copy of cheque of your bank account.
- The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

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 the .....Company.

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

Date

Signature of Proposer