

WORKMENS COMPENSATION INSURANCE

Proposal Form

Indemnity under the Workmen’s Compensation Act, 1923 and subsequent amendments of the said Act prior to the date of the issue of the Policy; the Fatal Accidents Act, 1855; and at Common Law.

Proposer’s names in full _____
 Proposer’s business address _____
 Proposer’s trade or occupation _____
 Address of works _____

SCHEDULE

All Persons Employed must be covered

Description of Employees	Estimated number of Employees.	Estimated Annual Wages, Salaries and other Earnings.			(For office use only)	
		Cash	Living or other allowance s (if any)	Total	Rate per mille	Premium incl. S.Tax
(1)	(2)	(3)	(4)	(5)		
A. Workmen drawing monthly wages upto Rs. 8000/- :						
(i)						
(ii)						
(iii)						
(iv)						
(v)						
(vi)						
(v)						
(vii)						
B. Workers drawing monthly wages over Rs. 8000/-						
(i)						
(ii)						
(iii)						

PROPOSAL FORM(Cont.)

1.	Does the above schedule include- (a). All persons in your service? (b). All your sub-contractors?	(a) (b)						
2.	Are your premises a Factory within the meaning of the Factories Act?							
3.	(a). Have you any circular saws or other machinery driven by steam gas, water electricity, or other mechanical power? If so give full particulars. (b). Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition ?	(a) (b)						
4.	(a) Is your Boiler registered under the Indian Boiler Act, 1923? (b) If not, under what conditions is it exempted from such registration?	(a) (b)						
5.	State what acids, gases chemicals or explosives will be used and to what extent?							
6.	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.?							
7.	Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	a) Declined b) Withdrawn						
8.	State the total wages paid and particulars of accidents to your employees during the past three years.							
	Total Wages		Fatal		Perm. Disablement		Temp. Disablement	
		No.	Cost.	No.	Cost.	No.	Cost.	
.....	Rs..... ...	Rs.....		Rs.....		Rs.....		
.....								
.....								

Additional Details: (Compulsory)

Nationality: Indian Non – Indian

If Non-Indian, please specify Country:

Type of Organization

Corporations Governments Non Governmental Organizations
Society

International Organization Trust Partnership Cooperatives

Section 25 Company

Other Information (Compulsory)

1. PAN CARD Number (10 Digit Number)

2. Sources of funds :

Salary Business Investments Other
(Please Specify)

I/We, the undersigned this _____ of _____ desire to effect an insurance in terms of the Policy to be issued by the Company against my/our Statutory and Common Law liability. I/We agree to render, at the end of each period of insurance, a statement in the form required by the Company of all wages actually paid, and to pay premium on any wages paid in excess of the amount estimated above, 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 estimated 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 hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

I understand that the Company has the right to call for documents to establish sources of funds.

The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Date.....

Signature of the Proposer