

PROPOSAL FORM FOR WORKMEN'S COMPENSATION INSURANCE

Details of the cover :

THE INDIAN WORKMEN'S COMPENSATION ACT 1923 : The act provides for the payment of compensation by an Employer to his Employees (for their dependants in the event of fatal accidents) If personal injury is caused to them by accidents arising out of and in the course of their employment.

The maximum compensation payable is upon the following scale (as per W.C. Amendment Act, 2000)

Fatal Injury	...	...	Rs. 4,57,080
Permanent Total Disablement	...	...	Rs. 5,48,496
Permanent Partial Disablement	...	...	According to incapacity caused.
Temporary Disablement	...	...	Rs. 2000 per month upto a period of 5 years

THE INDIAN FATAL ACCIDENTS ACT, 1855 : This Act enables claims for damages upto an unlimited amount to be maintained against a person who by this wrongful act, neglect or default causes the death of another.

COMMON LAW : Common law gives a person the right to claim from another damages upto an unlimited amount for injury or loss sustained on account of the negligence of such other person or of his servants acting in the scope of their Employment,

INSURANCE : The responsibility of the Employers is, therefore, serious and one that might involve him in a heavy financial loss if not protected by insurance.

Insurer " issues policies that give an Employer any of the following two forms of cover :

Table 'A' : Indemnity against the Employer's legal liability to his Employees under the Indian Workmen's Compensation Act, 1923 and subsequent Amendments of the said Act, prior to the date of the policy, under the Indian Fatal Accidents Act, 1855 and at common Law.

Table 'B' : Indemnity against the Employer's legal liability to his Employees under the Indian Fatal Accidents Act, 1855, and at common Law.

The insurance under Table 'A' can be extended by changing an additional premium of 50% of book rate to cover diseases mentioned in part 'C' of Schedule III of Workmen's Compensation Amendment Act.

The insurance ' can be extended by changing an additional premium for covering Medical Expenses upto Limits as opted for.

This insurance does not cover any interest and/or penalty which may be imposed on all insured on account of failure to comply with the requirements of the said Workmen's Compensation Act, 1923.

In addition, the company bears the costs and expenses incurred with its written consent in the settlement of claims

Note- The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy.

Proposer's Name in full :

Proposer's Business Address :

Proposer's Trade or Occupation :

Paid Up Capital (if applicable) :
Particulars of Work :

SCHEDULE
 ALL PERSONS EMPLOYED MUST BE INCLUDED

Description of Employees 1	Estimated Number of Employees 2	Cash 3	Living or other allowances if any) 4	Total 5	Insurance required. State Table A or B of prospectus 6	Rate % PREMIUM (For office use) 7
Workmen drawing monthly wages up to Rs.4000/-						
Clerical Staff						
Commercial Travellers						
Employees engaged with woodworking machinery including machinists and machinists labourers						
Others (specify)						
Workers drawing monthly wages over Rs.4000/-						
Clerical Staff						
Commercial Travellers						
Employees engaged with woodworking machinery including machinists and machinist's labourers						
Others (specify)						

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

Do you wish to insure your liability under Indian Workmen's Compensation Act, 1923, and subsequent amendments of the said Act prior to the date of issue of the Policy, to the workmen of contractors ? (i.e. of "Contractors" as defined in the Act, See note) 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.

Note : The Workmen’s Compensation Act, 1923, states that where any person (the “Principal”) in the course of or for the purposes of his trade or business contracts with any other person (the “Contractor”) for the execution by or under the contractor of the whole or any part of the work which is ordinarily part of the trade or business of the principal, the latter is liable in respect of accident to the Contractor’s workmen happening or in or about the premises on which the Principal has undertaken or usually undertakes to execute the work and who are otherwise under his control or management. In such cases the Principal is entitled to be indemnified by the Contractor.

1. Does the above Schedule include
 - (a) All persons in your service ? (a)
 - (b) All your sub Contractors ? (b)

2. Are your premises a Factory within the meaning of the Factory Act ?

3. (a) Do you have any circular saws or other machinery (a) driven by steam, gas, water, electricity or other mechanical power ? If yes give full particulars.
- (b) Are your machinery plant and ways properly fenced and (b) guarded and otherwise in good order and condition ?

4. (a) Is your boiler registered under the Indian Boiler Act, (a) 1923.
- (b) If not, under what conditions it is exempted from such (b) registration.

5. State what acids, gases, chemicals or explosives gases 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 yes, please give the name/s of the Company or Companies, Policy Nos. & Period.

7. Has any proposal for an insurance in respect of your liability (a) Declined to your employees or renewal thereof ever been declined or (b) Withdrawn

withdrawn or changed rates, etc. ?(Give Full Details) (c) Changed Terms

8. State the total wages paid and particulars of accidents to your Employees, during the past three years, in the table below :

Year	Total Wages	Fatal		Permanent Disablement		Temporary Disablement	
		Number	Cost	Number	Cost	Number	Cost
	Rs.		Rs.		Rs.		Rs.
	Rs.		Rs.		Rs.		Rs.
	Rs.		Rs.		Rs.		Rs.

I/We the undersigned, this day of200..... 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 is and particulars which I/We have read over and checked are true, that I/We have not Suppressed misrepresented or misstated 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 Insurer.

Signature of Proposer _____

- Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.
 2. If space is found insufficient, please attach separate sheets for details.
 3. Insurance is the subject matter of solicitation.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

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 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 rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

FOR OFFICE USE -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for ___years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer / A/AO-D

ACCEPTED BY	DATE & TIME	RATE	REMARKS
CODES - OFFICE /DEV. OFFICER / AGENT /BROKER-			
COLLECTION / SCROLL NO	POLICY NO.		