

WORKMEN 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	
Particulars of work	

ALL PERSONS EMPLOYED MUST BE INCLUDED Estimated Annual Wages, Salaries and other Earnings						
Description of Employees	Estimated Number of Employees	Cash	Living or other allowances if any	Total	Insurance required State Table A or B of prospectus	Rate % premium
1	2	3	4	5	6	7
Clerical Staff						
Commercial						
Travellers						
Employees engaged with woodworking machinery including machinists and machinists labourers						

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

If so 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.
		₹	₹	₹
		₹	₹	₹
		₹	₹	₹

1. Does the above, schedule include:	
(a) All persons in your service?	
(b) All your subcontractors?	

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?	
4. (a) Is your Boiler registered under the Indian Boiler Act, 1923?	
(b) If not under what conditions is it exempted from such registration	
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 even been declined or withdrawn?	(a) Declined <input type="checkbox"/> (b) Withdrawn <input type="checkbox"/>
8. State the total wages paid and particulars of accidents to your employees during the past three years.	

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 and Common Law liability above mentioned. 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 theCompany.

Date: DD / MM / YYYY

Signature of Proposer

Place: