

Proposal Form - Workmen's Compensation Insurance

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.

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence)

1. Please fill the form in BLOCK LETTERS. Please answer the questions fully and correctly. All details marked with * are mandatory.
2. Please leave one box blank between two words.
3. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A". If there is insufficient space, please provide further details on additional sheets.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

FOR OFFICE USE ONLY

Branch Code :
 Intermediary Code :
 Intermediary Location Code :
 Intermediary Employee Code :
 Intermediary Reference Code :
 Sales Manager Code :

PROPOSER INFORMATION

Proposer's names in full:

Proposer's Business Address:

Block/Flat No.*: Floor No.: Building Name*:
 Street Name*: Locality:
 Landmark*:
 City/Village*: Pincode*:
 Post Office: PAN No.:
 Mobile No.*: Landline*: S T D
 Email ID 1*:
 Email ID 2:

Proposer's trade or occupation*:
 Particulars of work*:

Worksite Address:

Block/Flat No.*: Floor No.: Building Name*:
 Street Name*: Locality:
 Landmark*:
 City/Village*: Pincode*:
 Post Office: Landline*: S T D
 Period of Insurance: From D M Y Y Y To D M Y Y Y

SCHEDULE (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
Clerical Staff					
Commercial Travellers					
Employees engaged with woodworking machinery including machinists and machinists labourers					
Other Employees not listed above (like Drivers; Cleaning staff; etc)					

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

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.
		₹	₹	₹
		₹	₹	₹
		₹	₹	₹

Do you require coverage for the following extentions available under the Policy?

1. Compressed Air Diseases ☐ Yes ☐ No
2. Occupational Diseases ☐ Yes ☐ No
3. Medical Expenses? ☐ Yes ☐ No

If 'Yes' please state the required limit applicable for any one case of injury

1. Does the above, schedule include

- (a) All persons in your service? ☐ Yes ☐ No
- (b) All your subcontractors? ☐ Yes ☐ No

2. Are your premises a Factory within the meaning of the Factories Act? ☐ Yes ☐ No

3. (a) Have you any circular saws or other machinery 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 guarded and otherwise in good order and condition? ☐ Yes ☐ No

4. (a) Is your Boiler registered under the Indian Boiler Act, 1923? ☐ Yes ☐ No

(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? ☐ Yes ☐ No

If 'Yes', 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?

☐ Declined ☐ 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
₹		₹		₹		₹
₹		₹		₹		₹
₹		₹		₹		₹

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 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 the L&T General Insurance Company Limited.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via ☐ SMS ☐ Telephone

Date:

Place:

Signature of Proposer

PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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 prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 500/-

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