


PROPOSAL FORM

**EMPLOYEE'S COMPENSATION
INSURANCE
POLICY**

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EMPLOYEE'S COMPENSATION INSURANCE POLICY

(The risk is not covered until the proposal is accepted and premium paid)

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

Proposer's Name in Full	
Proposer's business	
Proposer's address	
Proposer's trade/ occupation	
PAN No. / Form 60	
Aadhaar No.	
Particulars of work	
Risk Location Address	
Policy Period	From _____ to _____

SCHEDULE (All persons employed must be included)

Description of Employees	Estimated no. of Employees	Estimated Annual Wages Salaries & other Earnings			Insurance required, state Table A or B of Prospectus	(For office use only)	
		Cash	Living or other allowances (if any)	Total		Rate per mille	Premium
A. Workmen drawing monthly wages upto Rs.15,000/-							
Clerical Staff						Rs.	
Commercial Travelers						Rs.	
Others (Incl. employees engaged with wood working machinery including machinists and machinists labourers)						Rs.	
B. Workers drawing monthly wages over Rs.15,000/-							
Clerical Staff							
Commercial Travelers							
Others (Incl. employees engaged with wood working machinery including machinists and machinists labourers)							
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 Indian Boilers 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 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.	Please state the Premium and claims figures for the last 5 years.	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claims</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Premium	Claims																																			
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9.	State the total wages paid and particulars of accidents to your employees during the past three years																																							
	<table border="1"> <thead> <tr> <th rowspan="2">Year</th> <th rowspan="2">Total Wages</th> <th colspan="2">Fatal</th> <th colspan="2">Perm. Disablement</th> <th colspan="2">Temp. Disablement</th> </tr> <tr> <th>No.</th> <th>Cost</th> <th>No.</th> <th>Cost</th> <th>No.</th> <th>Cost</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Total Wages	Fatal		Perm. Disablement		Temp. Disablement		No.	Cost	No.	Cost	No.	Cost																									
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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. 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 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 contract between me/us and the Magma HDI General Insurance company.

I/We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income."

Date _____

Signature of the Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

- 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 or 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 prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

 **MAGMA HDI**
General Insurance Company Ltd.