



ANNEXURE III

**PROPOSAL FORM
EMPLOYEES' COMPENSATION POLICY**

If at any time during the Period of Insurance any Employee of the Insured so declared shall sustain Injury by accident arising out of and in the course of his employment in the Business, Indemnity shall be under Law(s) opted for, subject to the terms, exceptions and conditions contained in the Policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insured shall be so liable which is agreed by the Insurer and mentioned on the Policy Schedule.

A. The Insured:

1. Proposer's names in full

2. Proposer's business address

3. Proposer's trade or occupation

4. Particulars of work to be covered in Detail:

5. What year did the business commence? _____

6. Risk Location address(s)

B. Insurance Requirement

1. Period of Insurance

From: ___/___/___

To: ___/___/___

Both days inclusive

2. Additional coverage required:

Coverage	Scope of coverage	Limit of Indemnity	Coverage Options [Yes/No]
Medical Expenses :	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	Limit Per Employee for any number of accidents during Period of Insurance Rs. _____	
Occupational Diseases			
Contractors Employees		Limit: As per Employees Compensation Act	

C. Underwriting Information

ALL PERSONS EMPLOYED MUST BE INCLUDED

* **Wages** means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of an employee towards any pension or provident fund or a sum paid to an employee to cover any special expenses entailed on him by the nature of his employment;

1. OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
Employees drawing monthly wages upto Rs 8,000.			
Employees drawing monthly wages above Rs 8,000.			

2. CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]**

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
Employees drawing monthly wages upto Rs 8,000.				
Employees drawing monthly wages above Rs 8,000.				

** Please attach additional sheets if required.

3. Any additional information or remarks: _____

4. Does the above, schedule include-

- (a) All persons in your service? _____
 (b) All your contractors/ subcontractors? _____

5. Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business. _____

6. Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements. -

7. Does your company have a formal written safety program? _____
 Please provide details.

8. How often is safety inspection conducted on the premises? Please provide details of the scope of these inspections.

9. Is there provision for emergency medical help? Please provide details.

10. What is the availability of labour welfare measures? Please provide.

11. Please provide details of certification for health, safety & environment standards e.g. ISO etc.

12. Describe the maintenance conditions of the premises including housekeeping.



13. Provide details of any other risk features like training, audits etc.

14. Are any employees involved in works in connection with explosives, dangerous or toxic chemicals or asbestos? _____

15. Are any employees involved in diving and/ or underwater activities in connection with the business? _____

16. Are any employees involved in works in connection with tunnels,/ manholes/ excavation and /or underground works? _____

17. Identify new operations that will begin in the next 12 months

18. Are you at present insured for Employees' Liability? If so, please provide details of the name of the Company or Companies.

19. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?

D. Claims / Loss experience

1. What is the claims % (Claim amount as a % of premium paid) over the last 3 years? _____

2. State the total Wages paid and particulars of accidents to your employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	No. of claims & Amount of Loss	Description of claims

*** Please attach additional sheets if required.*

3. State the total wages paid and particulars of accidents to your contractor's employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	No. of claims & Amount of Loss	Description of claims

4. Have there been any work place accidents in the past which may not have resulted in a claim? Please detail out below:



5. After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? _____

If yes, Please provide details:

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, Common Law liability and other covers above mentioned.

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 declared 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 Liberty General Insurance Limited.

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form.

I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realizing [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio.

I/We undertake to exercise all statutory, ordinary and reasonable precautions for safety of all the Employees as if they were uninsured.

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 and amendments thereto.

Date.....

Signature of Proposer.....