

PROPOSAL FORM

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.

Proposer's name in full: _____ _____
Proposer's business [Correspondence] address: _____ _____
Proposer's trade or occupation: _____
Particulars of work to be covered in Detail: _____ _____
Risk Location address(s): _____
Policy Period: From _____ To _____

COVERAGE'S REQUIRED			
Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options (Yes/No)
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fatal Accident Act, 1855	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Fatal Accident Act	Yes <input type="checkbox"/> No <input type="checkbox"/>
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance ₹ _____ b) Limit Per Accident for any number of Employees ₹ _____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance ₹ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the policy, the amount of liability incurred by the Insured, but not exceeding:	d) Limit Per Employee for any number of accidents during Period of Insurance ₹ _____ e) Aggregate liability for all accidents during the Period of Insurance ₹ _____ Medical Expenses as per actual _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupational Diseases	Subject otherwise, to the terms, conditions & Exclusions of the policy, the amount of liability incurred by the Insured, but not exceeding:	f) Limit Per Employee Rs _____ g) Aggregate liability of the company for all employees during the Period of Insurance Rs. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYEES COMPENSATION INSURANCE UIN: IRDAN108CP0011V01202122

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WITH YOU ALWAYS

COVERAGE'S REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options (Yes/No)
Contractors Employees	Subject otherwise, to the terms, conditions & Exclusions of the policy, the amount of liability incurred by the Insured, but not exceeding:	Limit: As per Employees Compensation Act	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared Wages during the period of Insurance	Place/Places of Employment
As Per Annexure	As Per Annexure	As Per Annexure	As Per Annexure

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
a				
b				

**Please attach additional sheets if required.

Does the above, schedule include-	
(a) All Persons in your service?	(a) _____
(b) All your contractors/subcontractors?	(b) _____
Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	
Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.	
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.	
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 _____
State the total Wages paid and particulars of accidents to your employees during the past three years**	
Years [Past 3 years from this date]	Wages Paid
	Amount of Loss

EMPLOYEES COMPENSATION INSURANCE
UIN: IRDAN108CP0011V01202122



WITH YOU ALWAYS

State the total Wages paid and particulars of accidents to your contractors employees during the past three years**		
Years [Past 3 years from this date]	Wages Paid	Amount of Loss

***Please attach additional sheets if required.*

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 _____ Company.

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, falling 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.

Date: _____ Signature of Proposer _____

DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me/us herein and in the attachments hereto are true to the best of my knowledge and belief and I/We hereby agree that this Proposal shall from the basis of the insurance contract between me/us and Tata AIG General Insurance Company Limited (referred as the Company). I/We further confirm that if any additions or alterations are carried out in the risk proposed for insurance hereinafter the submission of this proposal then particulars of such shall be forthwith conveyed to the Company. I/We further agree that the submission of this Proposal to the Company and its receipt there of shall not constitute an acceptance of risk by the Company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of agent/intermediary: _____

Code: _____

VERNACULAR DECLARATION (CERTIFICATION IN CASE THE PROPOSER HAS SIGNED IN VERNACULAR/THUMB PRINT)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: _____

Name & Signature of agent/intermediary: _____

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AML GUIDELINES

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. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian Non - Indian If Non - Indian, please specify the country: _____

Type of Organization

Corporations Government Non-Government Organization Society Partnership Trust
International Organization Cooperative Section 25 Company

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statements, information and response(s) submitted by him /her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statements/information/response(s) is/are contained in this Proposal Form/including addendums, affidavits, statement, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non - disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the policy may be forfeited to the Company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Office): _____

Name of the specified person and code: _____

Place: _____

Date: _____

Signature of Intermediary: _____

I/We the undersigned this _____ of _____ 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 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 Company.

Date: _____

Signature of Proposer: _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as inducement to any Person to take 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 or part of the commission payable or any rebate of the premium shown on the Policy, not shall any person taking out or renewing or continuing a Policy accept such a rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any Person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.