

# Workmens Compensation Insurance Proposal Form



WITH YOU ALWAYS

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 \_\_\_\_\_

Address of works \_\_\_\_\_

## SCHEDULE

**All Persons Employed must be covered**

Description of Employees	Estimated number of Employees	Estimated Annual Wages, Salaries and other Earnings			(For office use only)	
		Cash	Living or other allowances (if any)	Total	Rate per mile	Premium incl. GST
(1)	(2)	(3)	(4)	(5)		
<b>A. Workmen drawing monthly wages upto Rs. 8000/-</b>						
(i)						
(ii)						
(iii)						
(iv)						
(v)						
(vi)						
(vii)						
(viii)						
<b>B. Workmen drawing monthly wages over Rs. 8000/-</b>						
(i)						
(ii)						
(iii)						

1	Does the above schedule include - (a) All persons in your service? (b) All your sub-contractors?	
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)
4	(a) Is your Boiler registered under the Indian Boiler 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 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any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined (b) Withdrawn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

UIN: IRDAN108CP007ZV01201819

