

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)			
A. Workmen drawing monthly wages upto Rs. 8000/-							
(i)							
(ii)							
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
B. Workmen drawing monthly wages over ₹ 8000/-							
(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any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined (b) Withdrawn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
	No.	Cost
	No.	Cost
	No.	Cost

UIN: IRDAN108CP0072V01201819

Declaration:

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: _____

AML Guidelines

- I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

- Nationality : Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country : _____
- Type of Organization Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐
- Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Company ☐

Date: _____

Place: _____

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 statement(s), 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 statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, 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 Officer) _____

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 the Proposer

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

- 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.
- 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.

Insurance Is The Subject Matter Of The Solicitation. For More Details On Risk Factors, Terms And Conditions, Please Read Sales Brochure Carefully Before Concluding A Sale.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013
 24x7 Toll Free No: 1800 266 7780 | Fax: 022 6693 8170 | E-mail: customersupport@tataaig.com
 Website: www.tataaig.com | IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425 | PAN : AABCT3518Q