

Note: Company Workers, Sub-Contractors workers & All Employees are covered under the Policy

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

Year	Total Wages	Fatal		Permanent Disablement		Temporary Disablement	
		No.	Cost	No.	Cost	No.	Cost
	₹		₹		₹		₹
	₹		₹		₹		₹
	₹		₹		₹		₹

5. Present insurer

Yes

No

If yes, please provide information in the following format

Policy Number	Name of Insurer	Sum Insured	Commencement of cover (DDMMYYYY)	Expiry of cover (DDMMYYYY)

6. Do you wish to avail of the following extensions to the policy at an additional premium

a) Medial Expenses Benefit

Yes

No

b) Occupational Disease cover

Yes

No

c) Compressed Air Disease Extension

Yes

No

d) Terrorism Cover

Yes

No

7. Coverage's required for all your subcontractor's employees

Yes

No

Name of Contactors	Full details of work subject (Specify exact, nature of work)	In case for which the contract is for labour only, state total amount of contract or wages paid	In case for which the contract is for labour and materials state estimated amount of contract	In case for which contract is for labour materials and equipment, state estimated amount of contract

8. Any additional information relevant to the policy applied for

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Note : Please use additional sheets if space is not sufficient to complete details

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 as above-mentioned. 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, salaries and expenditure and value on Board. I/We agree that this declaration shall be the basis of the contract between me/us and the _____ Company.

Place : _____

Proposer's Signature : _____

Date : ____ / ____ / ____

Name : _____

Designation : _____

**STATUTORY WARNING PROHIBITION OF REBATES
(Under Section 41 of Insurance Act 1938)**

- 1) 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 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, 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 published prospectuses 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.



Mailing Address :

ICICI Lombard General Insurance Company Limited Interface Building No.11, 401/402 4th Floor, New Link Road Malad (W), Mumbai - 400064.

Corporate Address :

ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

Now One Number for all your Insurance needs **1800 2666 (Toll Free also accessible from your mobile)**

Insurance is the subject matter of the solicitation. IRDA Reg. No. 115, Misc 102.