

PROPOSAL FORM FOR WORKMEN'S COMPENSATION INSURANCE

Marketing Officer :	Proposal Form No:				
Broker/Agent Name :	Business Sector : Urban Rural Social				
GUIDELINES FOR COMPLETION OF THE FORM					
Insurance is a contract of utmost good faith requiring the Insurfacts in response to the questions in the proposal form. If you th	red not only to disclose all material facts but also not to suppress any material ink any fact is material, please disclose it.				
description or non-disclosure in any material particular in the p	r, in the event of any untrue or incorrect statement, misrepresentation, non- proposal form/ personal statement, declaration and connected documents, or any one acting on his behalf to obtain any benefit under this policy.				
NOTE					
The liability of the Company does not commence until this proposal	has been accepted by the Company and premium paid.				
SCOPE OF COVER					
The Policy, provides for two forms of insurance viz,					
Table 'A'- Indemnity against legal liability to all employees (whether or not coming within the definition of the term Workmen) under the W.C.Act 1923 and subsequent amendment to the said Act prior to the date of issue of the policy, the Fatal Accidents Act, 1855 and at Common Law.					
	ents Act, 1855 and Common Law. (Table 'B' policies may not be issued to cover "under the Workmen's Compensation Act,1923 as amended).				
SIGNIFICANT EXCLUSIONS					
The Insurance Policy does not cover losses arising out of war and a	llied perils, nuclear activities and contractual liabilities.				
Details : Put (✔) mark wherever applicable					
1. CLIENT INFORMATION					
Insured Name : _ _ _ _ _					
Proposer's Name : _ _ _ _ _ _					
Proposer's Mailing Address :					
City/Town: _ _ _ _ _					
State : _ _ _ _ Pin : _	_ _ _ _				
Contact No. : _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ Mobile No. : + 91 _ _ _ _ _ _				
E-Mail ID : _ _ _ _ _					
Proposer's Trade of Business : _ _ _ _ _ _	_ _ _ _				
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CONTACT DETAILS						
Contact Person's Name : _ _ _ _ _ _ _						
Mailing Address :						
_ _ _ _						
City/Town: _ _ _ _ _ _ _ _ _ _						
State: _ _ _ Pin: _ _ _ _ _ _ _ _						
Contact No. : _ _ _ _ _ _ _ _ _ Mobile No. : + 91 _ _ _ _ _ _ _ _ _ (With STD Code)						
E-mail ID: _ _ _ _ _ _ _ _ _ _						
Paid up Capital (In case of Customer Type is Corporation) : ₹ _ _ _ _ _ _ _ _						
2. RISK DETAILS						
Period of Insurance : From : <u>D D / M M / Y Y Y Y To D D / M M / Y Y Y Y Y Y Y Y Y</u>						
Number of person to be insured : _ _ _ _ _						
Name & Address of the Risk Location : (Please leave a space after each part of address and attach separate sheet for multiple locations).						
_ _ _ _						
_ _ _ _						
_ _ _ _						
3. SCHEDULE						
Description of Estimated Cash Living or (other Total Insurance Rate % 0 Employees Number of allowances if any) Table A or B of (For office use)						

Description of Employees	Estimated Number of Employees 2	Cash 3	Living or (other allowances if any)	Total 5	Insurance required. State Table A or B of prospectus 6	Rate % 0 PREMIUM (For office use) 7
Workmen drawing monthly wages up to ₹ 8000/-						
Workers drawing monthly wages over ₹ 8000/-						

Note: Company Workers, Sub-Contractors workers & All Employee s 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	
	₹		₹		₹		₹	
	₹		₹		₹		₹	
	₹		₹		₹		₹	
esent insu	rer				Yes		No	

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	
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a)	Medial Expenses Benefit	Yes	No
b)	Occupational Disease cover	Yes	No
c)	Compressed Air Disease Extension	Yes	No
d)	Terrorism Cover	Yes	No
Co	overage's required for all your subcontractor's employees	Yes	No

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

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

Company Workers, Sub-Contractors workers & All Employee's are Covered under the Policy

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 requ	ired by the Com	pany of all wages actu	ally paid, and to pay premium on any					
wages paid in excess of the amount estimated above, I/We hereby	declare that all t	the above statements a	nd particulars, which I/We have read					
over checked, are true that I/We have not suppressed, misrepresen	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	e that this decl	aration shall be the basi	s ot the contract between me/us and					
theCompany.								
Place :	F	Proposer's Signature : _						
Date:/								
		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.