Proposer's Name in Full

P: +91 033 - 4401 7304 / 7477, F: 91 033 - 4401 7471

PROPOSAL FORM

EMPLOYEE'S COMPENSATION INSURANCE POLICY

(The risk is not covered until the proposal is accepted and premium paid)

Indemnity under the Employee's Compensation Act, 1923 and subsequent amendments of the Act prior to the date of the issue of the Policy, the Fatal Accidents Act, 1855; and at Common Law

Proposer's business							
Proposer's address							
Proposer's trade/ occupa	ation						
Particulars of work							
	SC	HEDU	LE (All persons emplo	yed must b	oe included)		
Description of Employees	Estimated no. of Employees		Estimated Annual Wages Salaries & other Earnings		Insurance required, state Table A or B of Prospectus	(For office use only)	
		Cash	Living or other allowances (if any)	Total		Rate per mille	Premium
(A)Workmen drawing monthly wages upto Rs. 8,000/-							
Clerical Staff						Rs.	
Commercial Travellers						Rs.	
Others(Incl. employees engaged with wood working machinery including machinists and machinists labourers)						Rs.	
B. Workers drawing monthly wages over Rs. 8,000/-							
Clerical Staff							
Commercial Travelers							
Others (Incl. employees engaged with wood working machinery including machinists and machinists labourers)							
Does the above so (a) All persons in y (b) All your sub-co	our service?	le: -			(a) (b)		



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2.	Are your premises a Factory within the	ne meani	ng of the Facto	ories 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 wa otherwise in good order and conditio		rly fenced and	guarded and	(b)		
4.	(a) Is your Boiler registered under Inc (b) If not, under what conditions is it	(a) (b)					
5.	State what acids, gases, chemicals, extent?	at					
6.	Are you, at present, insured or have respect of your liability to your emplo If so, please give the name of the co	yees?		nsurance in			
7.	Has any proposal for an insurance in employees or renewal thereof ever be	` '	(a) Declined (b) Withdrawn				
8	Please state the Premium and claims	Year	Premium	Claims			
9. Year	State the total wages paid and partic during the past three years Total Wages	ulars of a	accidents to yo		Disablement	Temp. D	isablement
		No.	Cost	No.	Cost	No.	Cost
be iss	he undersigned this ued by the Company against my/ our Statu ement in the form required by the company ated above. I/We hereby declare that all th	of all wa	Common Law liages actually paid statements and	ability. I/We agred, and to pay properticulars which	ee to render at the emium on any w ch I/we have rea fairly estimated	he end of each parages paid in excapt over/checked,	ess of the amount are true that I/we
have	not suppressed misrepresented or missi				n makes and th		
have expen compa	not suppressed misrepresented or missi diture and I/we agree that this declaration any.				en me/us and th		
have expen compa	not suppressed misrepresented or missi diture and I/we agree that this declaration						Seneral Insurance

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 or 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 prospectus or tables of the Insurer.



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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.