ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED.

Corporate Office: Zenith House, Keshavrao Khadye Marg, Mahalakshmi, Mumbai - 400 034 Tel: (+91 22) 2490 6999 Fax: (+91 22) 2492 7624

PROPOSAL FOR WORKMEN'S COMPENSATION INSURANCE

	Marketing Branch Ad				
	Phone #:	Business Sector: U Proposal Form No: Group I.D.No: Client I.D.No:	rban	Rural	Social
Gl	JIDELINES FOR COMPLETI	ON OF THE FORI	VI		
1.	Please answer all questions fu clearly that the same is not app		nere any ques	stion does not ap	oply, please mention
2.	Insurance is a contract of utmo but also not to suppress any r think any fact is material, please	naterial facts in resp	•	•	
3.	The Policy shall become voida statement, misrepresentation, proposal form/ personal statem has been withheld by the propolicy.	non-description or ent, declaration and	non-disclosur connected do	re in any mater ocuments, or any	rial particular in the material information
4.	Kindly contact the Company's form.	Offices or the Agen	ts for any do	ubts or clarificati	ons on the proposal
	OTE				
	e liability of the Company does d premium paid.	not commence until	this proposal	has been accep	ted by the Company

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."
- Table 'B' Indemnity against legal liability under the Fatal Accidents Act, 1855 and Common Law. (Table 'B' policies may not be issued to cover employees who fall within the definition of "Workmen" under the Workmen's Compensation Act, 1923 as amended).

SIGNIFICANT EXCLUSIONS

The Insurance Policy does not cover losses arising out of war and allied perils, nuclear activities and contractual liabilities.

EXTENSIONS

In addition, certain optional extensions like Medical expenses, Occupational diseases can be availed, the details of which are available in the relevant section of this proposal form.

NOTE

The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy.

1. CLIENT INFORMATION

(i)	i) Proposer's name (please leave a space after each part of name)															
(ii)	ii) Proposer's mailing address (please leave a space after each part of address)															
City/	City/Town/Village															
State)					•										
Pin C	ode	•	•	•									•		•	
Phon	ne nur	mber														
Fax r	numb	er	<u> </u>					Į	!							
(iii)	Pr	opose	er's tr	ade o	r busi	ness										
(iv)	Pa	rticula	ars of	work			!	Į								
(v)	Pa	id-up	capit	al of t	he firi	m (in	Rs. m	illion)								

2. RISK DETAILS

(i)	i) Period of Insurance: (DDMMYYYY)																
	Fro	m:			To: Midnight												
(ii)	(ii) Number of workmen to be insured.																
(ii)			Addre eparat							e leave	e a spa	ace	after e	ach p	art of	addre	ess and
	SCHEDULE ALL PERSONS EMPLOYED MUST BE INCLUDED																
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				Employees				any)				prospectus			(For	office	
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Workmen drawing monthly wages up to Rs.4000/-																	
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The to	otal a	mour	nt of w	ages	salar	ies aı	nd oth	er e	arning	s paic	d by u	s dı	uring th	ie pas	st twel	lve	
mont	hs wa	as Rs.															

	sure your liability u ts of the said Act pri					
Yes	No					
If yes, please state:-						
Names of Contractors	Full details of work subject (Specify exact, nature of work)	In cases for which the contract is for late only, state to amount of contract or wag paid Rs. Rs. Rs.	bour otal on-	In case for which the contract is for labour and materials state estimated amount of contract. Rs Rs. Rs.	In case for which contract is for labour materials and equipment, state estimated amount of contract. Rs. Rs. Rs.	
1.5						
1. Does the above s (i) All persor	s in your service?	Yes		No		
(ii) All your s	subcontractors?	Yes		No		
2. Are your premise	s a Factory within th	_	the Fac			
		Yes		No		
3. (i) Have you any o	circular saws or othe cal power?	r machinery d Yes	riven b	y steam gas, water e	electricity or	
If so, give full	particulars.					
	inery, plant and way	s properly fer	nced an	d guarded and othe	rwise in good or-	
der and conditi	on?	Yes		No		
4. (i) Is your Boiler	registered under th	e Indian Boile	r Act, 1	923?		
		Yes		No		
(ii) If not under v	vhat conditions is it e	exempted fron	n such	registration?		
5. State what acids,	gases chemicals or o	explosives wil	l be use	ed and to what exter	nt?	
]	

6.		Are y	ou at	present	insur	ed?									
		Yes If ves	yes, please provide information in the following format												
		Poli		Name Insure	of	Sum In		C	ommencem over (DDMN		Expi	-	of cove 'YYY)		
7.		Has a	ny ins	urance (comp	any									
	a) Declined or withdrawn any insurance Yes No now proposed?														
	b) Required an increased premium or imposed special Yes No conditions?														
If yes to any of the above, please provide details.															
8.			the to years.	_	es pai	d and par	rticulars of	acci	dents to you	r employe	es dur	ring th	ıe past		
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Rs.					Rs.				Rs.			Rs.			
9.	Do a			avail an [.] oenses E			g extensio	ns to	o the policy a	t an additi Yes	onal p	oremiu No	ım		
	b)	Occup	oationa	al Diseas	se co	ver				Yes		No			
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	1) Rs. 80 per case (2) Rs.120 per case (3) Rs. 160 per case														

	(7) Rs	s. 2400	per cas	e									
10	Any a	additior	nal infoi	mation	releva	nt to th	e policy	applie	d for				
Note :	Please	use ac	lditiona	l sheets	s if spa	ce is no	t suffici	ent to d	comple	te detai	ils		•
terms ability ment wages staten presse total v	of the as about the first paid nents a ed, mis vages,	Policy to ve-mer orm received in exceend parter or selected in the present of the	to be is nationed puired be seen to be seen	sued by I / We by the Control he amount which r mis-s opendite	y the C agree to compar ount es I/We h tated a ure and	ompany to rendony of all stimated ave rea ny mat I value o	y again: er, at th wages d above d over erial fac on Boar	st my / e end c actuall e, I/We checke ct, that d. I/We	our Stand of each y paid, hereby ed, are to I/We had agree	atutory period and to decla true tha ave fai that thi	and Co of Insu pay pre re that at I/We rly esti	n insura name, a emium o all the have no mated r ration s pany.	Law li- a state- on any above ot sup- my/out
Place:					Pro	poser's	s Signat	ture					
Date:	(D	DMMY	YYY)		Na	ame:			Design	nation _			

(5) Rs.800 per case

(6) Rs. 1600 per case

4) Rs. 400 per case

STATUTORY WARNING

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

- 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.