



**Period of Insurance**

From \_\_\_\_\_

To \_\_\_\_\_

Proposal No \_\_\_\_\_ For

Policy No \_\_\_\_\_ Office use

**PROPOSAL FORM WORKMEN'S COMPENSATION**

**Insurance for Indemnity under the Workmen's Compensation Ordinance of 1934 and Subsequent amendments prior to the date of issue of the Policy or at Common Law.**

**Proposer's name in full:** \_\_\_\_\_

\_\_\_\_\_

**Proposer's business address:** \_\_\_\_\_

\_\_\_\_\_

**Proposer's trade or occupation:** \_\_\_\_\_

**Particulars of work undertaken by workmen shown in schedule below:** \_\_\_\_\_

**Address or addresses at which workmen mentioned in the Schedule below are employed:** \_\_\_\_\_

\_\_\_\_\_

**SCHEDULE**

**All workmen coming within the scope of the Workmen's Compensation Ordinance of 1934 and its subsequent amendments must be included below.**

CATEGORIES OF WORKMEN (Full descriptions to be given)  (1)	Estimated Number of Workmen  (2)	Estimated Annual Total Earnings of Workmen			(For office use Only)	
		Cash  (3)	Living or Other allowances (If any) (4)	Total Earnings  (5)	Rate Per-cent	Premium Rs.
1. Clerical Staff (confined to indoor work only)						
2. Workmen engaged in wood working machinery						
3. Workmen handling explosives						
4. Electricians						
5. Welders						
6. Blacksmiths						
7. Watchers						
8. Security Guards						
9. Labourers Engaged in Loading and unloading						
10. Drivers and Cleaners						
11. Carpenters						
12. Peons						
13. Messengers (Other Categories to be named)						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

The total earnings of workmen employed by me/us during the past three years was

1. 20 \_\_\_\_\_
2. 20 \_\_\_\_\_
3. 20 \_\_\_\_\_

Do you wish to insure your liability under workmen's Compensation Ordinance, 1934, to the workmen of contractors and sub Contractors ( i.e. of 'Contractors' as defined in the ordinance: see note)

Name of Contractors	Estimated No. of workmen Under contractors	Nature of work sub-let	If contract for labour and material state estimated amount of contract Rs _____	In case in which the contract is for labour only, state amount of contract Rs _____
_____	_____	_____	Rs _____	Rs _____
_____	_____	_____	Rs _____	Rs _____
_____	_____	_____	Rs _____	Rs _____

if the contractors employ workmen

- (1) whether registers are maintained in respect of earnings including wages paid to workmen? \_\_\_\_\_
- (2) whether such registers could be made available for inspection by Orient Insurance Limited, as and when necessary? \_\_\_\_\_

Total premium Rs.


The Workmen's Compensation Ordinance 1934 states that where any person the "Principal" in the course of or for the purpose of his trade or business contracts with any other person the "Contractor" for the execution by or under the Contractor of the whole or any part of the work which is ordinarily part of the trade or business of the Principal, the latter is liable in respect of accidents to the Contractor's workmen happening, on in or about the premises on which the Principal has undertaken or usually undertakes to execute the work or which are otherwise under his control or management, In such case the Principal is entitled to be indemnified by the contractor.

<p><b>1. Does the above schedule include :-</b></p> <p>(a) All categories of workmen in your service, coming within the terms of the Workmen's Compensation Ordinance of 1934 and its amendments?</p> <p>(b) All your Contractors and sub- Contractors?</p>	<p>(a)</p> <p>(b)</p>
<p><b>2. Will the proposer's:-</b></p> <p>(a) Ways, Works, Machinery and Plant be properly fenced and guarded and otherwise maintained in good order and Condition according to Statutory requirements if any?</p> <p>(b) Premises be maintained in good state of repair and according to statutory requirements of any Municipal Council or Local Body?</p>	<p>(a)</p> <p>(b)</p>
<p><b>3. Will the following be regularly inspected and maintained according to statutory requirements?</b></p> <p>(a) Boilers, Steam containers and other Pressure Vessels</p> <p>(b) Lifts, Hoists and Cranes</p> <p>(c) All other Machinery</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p><b>4. Will the proposer's workmen handle any Power-driven Machinery? If so, please state the categories handling.</b></p> <p>(a) Wood working machinery including Circular Saws (please show wages of such Workmen in line (2) of Schedule overleaf)</p> <p>(b) Other machinery?</p>	<p>(a)</p> <p>(b)</p>
<p><b>5. Please state whether any of the categories of workmen employed by you and/or your Contractors:-</b></p> <p>(a) Handle, Acids Chemicals and Gas, and if so, to what extent?</p> <p>(b) Are employed in any work involving the handling and/or use of explosives, and if so, to what extent?</p> <p>(c) Are engaged in Pile-driving, Bridge or Tunnel Building?</p> <p>(d) Are employed in Collieries and Mines, whether underground or under water working and all underground services therewith?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>
<p><b>6. A) If the proposer will be engaged in activities involving underground work, the maximum number of feet below ground level that workmen will be employed</b></p> <p><b>b) If the proposer will be engaged in activities involving work above ground level the maximum height from foundation level (in feet) workmen would be employed.</b></p>	<p>(a)</p> <p>(b)</p>
<p><b>7. a) Is the Proposer at present insured or has he ever proposed for an insurance to any other insurer in respect of liability to employees? If so, give Policy Number.</b></p> <p><b>b) Has any other insurer ever</b></p> <p>1. declined any such proposal?</p> <p>2. Refused to renew any such Insurance?</p> <p>3. Cancelled any such Insurance</p> <p>4. Required and increased Premium or imposed special conditions?</p>	

8. State below particulars of accidents to your employees in the course of their employment during three years immediately preceding the date of this Proposal for insurance.

Year	Fatal		Permanent Disablement		Temporary Disablement	
	No	Liability	No.	Liability	No.	Liability
20..		Rs.		Rs		Rs
20..		Rs.		Rs		Rs
20..		Rs.		Rs		Rs

9. Is coverage required for:

9.1. Strikes, Riots and Civil Commotion: (Yes/No)

9.2. Terrorism (Yes/No)

I/We, the undersigned, this.....day of .....20..... desire to effect an Insurance in terms of the Policy to be issued by ORIENT Insurance Company Ltd, against my/our Statutory or Common Law Liability I/We agree to render at the end of each period of Insurance, a statement in the form required by ORIENT Insurance Company Ltd, of all earnings including wages actually paid to workmen covered under the Policy and to pay Premium on any such earnings 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 and checked are true, that I/We have not suppressed, mis-represented or mis-stated any material fact that I/We have fairly estimated the total earnings including wages paid to my/our workmen and I/We agree that this declaration shall be the basis of the contract between me/us and ORIENT Insurance Company Ltd.

I/We further declare that the provisions of the Factories Ordinance No.45 of 1942 and the subsequent Amendments have been complied with as certified by the Chief Inspector of Factories, Labour Department.

\_\_\_\_\_  
Signature of Proposer and Designation

This Insurance will not be in force until the premium has been paid and intimation of acceptance of this proposal conveyed to the Insured.

**Agency Declaration**

Name of Agent (In block letters) \_\_\_\_\_ Code No \_\_\_\_\_

Address of Agent (In block letters) \_\_\_\_\_

I/We certify that the Insurance was canvassed by the above Agent

Signature of Agent \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer and Designation

Date \_\_\_\_\_

	Initials	Date
<b>Rated and Calculated</b>		
<b>Accepted</b>		
<b>Checked</b>		