



**PROPOSAL FORM FOR WORKMEN'S COMPENSATION INSURANCE**

Proposal No.: .....

Code: .....

<b>Policyholder's Name in full:</b>	
Policyholder's Business Address:	
CID No./Business License No.:	
Telephone/Mobile no.:	Email id:
<b>Particulars/Nature of Work:</b>	

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**SCHEDULE**

**ALL WORKMEN EMPLOYED MUST BE INCLUDED**

Description of Employees	Estimated Number of Employees	Wage (Nu.)	Total	Rate %o PREMIUM Nu. (For office use)
1	2	3	5	6
Workmen drawing monthly wages upto Nu.....				
Clerical Staff				
Commercial Travellers				
Employees engaged with woodworking machinery including machinists and machinist's labourers				
Others (specify)  <small>Note: Any categories that is not in the above list, please mention in the separate sheet.            *submit the list of your employees with the details of name, CID/Work permit no. &amp; occupation</small>				
<b>Total</b>				

The total amount of wages, salaries paid by me/us during the past twelve months was Nu. \_\_\_\_\_.

✦ Do you wish to insure your liability under Workmen Compensation Regulation to the Workmen of Sub-contractor?

Yes / No

If so please state:

Name of Contractor: \_\_\_\_\_

Nature or work sublet: \_\_\_\_\_

Estimated value of Contract:

❖ Labour: \_\_\_\_\_

❖ Material: \_\_\_\_\_

1	Please mention the location of work?	

2	Does the above Schedule include (a) All persons in your service? (b) All your sub Contractors?	Yes / No Yes / No																																														
3	If Not, then kindly confirm which categories of employee are not covered?																																															
4	Do you provide specific training to your employees on how to perform their respective job?	Yes / No																																														
5	Does all employees are acquitted with standard safety procedures?	Yes / No																																														
6	Does the insured instruct all workers in proper lifting techniques? Are they provided with materials-handling aids and encouraged to obtain help where moving extremely heavy objects?	Yes / No																																														
7	Does the insured provide heavy-duty work gloves for all employees performing rigorous manual labor?	Yes / No																																														
8	Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?	Yes / No																																														
9	Are all machines equipped with emergency stop bars?	Yes / No																																														
10	Are employees who operate process machinery instructed not to wear loose-fitting clothing and to remove all jewelry or accessories which could get caught in an in-running nip point?	Yes / No																																														
11	Is the level of housekeeping in the production area/premises adequate?	Yes / No																																														
12	State what acids, gases chemicals or explosives will be used and to what extent?																																															
13	(a) Are you at present insured or have you ever proposed for insurance, in respect of your liability to your Employees? If yes, please give the name/s of the Company or Companies, Policy Nos. & Period.  (b) Has any proposal or renewal ever been declined or withdrawn	Yes / No    Yes/No																																														
14	State the total wages paid and particulars of accidents to your Employees, during the past three years, in the table below:																																															
	<table border="1"> <thead> <tr> <th rowspan="2">Year</th> <th rowspan="2">Total Wages</th> <th colspan="2">Death</th> <th colspan="2">Permanent Disablement</th> <th colspan="2">Temporary Disablement</th> </tr> <tr> <th>Number</th> <th>Cost</th> <th>Number</th> <th>Cost</th> <th>Number</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> </tr> <tr> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> </tr> <tr> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> </tr> <tr> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> <td></td> <td>Nu.</td> </tr> </tbody> </table>	Year	Total Wages	Death		Permanent Disablement		Temporary Disablement		Number	Cost	Number	Cost	Number	Cost		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.		Nu.	
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I/We the undersigned, desire to effect an insurance on the above stated basis in terms of the policy to be issued by the Company. I/We agree to keep a proper Wages Record and 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 is and particulars which I/We have read over and checked are true, that I/We have not suppressed mis-represented or misstated any material fact that I/We agree that this declaration shall be the basis of the contract between me/us and the Company.

Date: \_\_\_\_\_ Name & Signature of Proposer \_\_\_\_\_  
Company's seal



