

Askari General Insurance Company Ltd.

WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

Name of the Insured/proposer :	
TRADE OR OCCUPATION:	
PARTICULARS OF WORK:	

SCHEDULE ALL PERSONS EMPLOYED MUST BE INCLUDED

Estimated Number of Employees	Cash	Living or other allowances if any)	Total	Insurance required. State Table A or B of prospectus	Rate %o PREMIUM (For office use)
2	3	4	5	6	7
	Number of Employees	Number of Employees	Number of Employees other allowances if any)	Number of Employees other allowances if any)	Number of Employees other allowances if any) required. State Table A or B of prospectus

The total amo	unt of wages,	salaries and oth	er earnings pai	id by me/us du	uring the past t	welve months
was Rs	·					

Do you wish to insure your liability under Indian Workmen's Compensation Act, 1923, and subsequent amendments of the said Act prior to the date of issue of the Policy, to the workmen of contractors? (i.e. of "Contractors" as defined in the Act, See note)YES / NO

If yes, please state:-

Names of	Full details of	In cases for which	In case for which	In case for which
Contractors	work subject	the contract is for	the contract is for	contract is for
	(Specify exact,	labour only, state	labour and	labour materials
	nature of work)	total amount of	materials state	and equipment,
		contract or wages	estimated amount	state estimated
		paid	of contract.	amount of
				contract.
		Rs.	Rs	Rs.
		Rs.	Rs.	Rs.
		Rs.	Rs.	Rs.

Note: The Workmen's Compensation Act, 1923, states that where any person (the "Principal") in the course of or for the purposes 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 accident to the Contractor's workmen happening or in or about the premises on which the Principal has undertaken or usually undertakes to execute the work and who are otherwise under his control or management. In such cases the Principal is entitled to be indemnified by the Contractor.

- 1. Does the above Schedule include
 - (a) All persons in your service?
 - (b) All your sub Contractors?
- 2. Are your premises a Factory within the meaning of the Factory Act ?
- 3. (a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If yes give full particulars.
 - (b) Are your machinery plant and ways properly fenced and guarded and otherwise in good order and condition ?
- 4. (a) Is your boiler registered under the Indian Boiler Act,1923.
 - (b) If not, under what conditions it is exempted from such registration.
- 5. State what acids, gases, chemicals or explosives gases will be used and to what extent?

- 6. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your Employees ?
 If yes, please give the name/s of the Company or Companies, Policy Nos. & Period.
- Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn or changed rates, etc. ?(Give Full Details)
- 8. State the total wages paid and particulars of accidents to your Employees, during the past three years, in the table below:

Year	Total Wages	Fatal		Permanent Disablement		Temporary Disablement	
		Number	Cost	Number	Cost	Number	Cost
	Rs.		Rs.		Rs.		Rs.
	Rs.		Rs.		Rs.		Rs.
	Rs.		Rs.		Rs.		Rs.

Signature of Proposer	
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