

**Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113**  
**Regd. Office & Head Office:** Bajaj Allianz House, 1st Floor Airport Road, Yerawada Pune 411006,  
 UIN : IRDAN113CP0053V01201920

**EMPLOYEE'S COMPENSATION INSURANCE POLICY**  
**PROPOSAL FORM**

If at any time during the Period of Insurance any Employee of the Insured so declared shall sustain Injury by accident arising out of and in the course of his employment in the Business, Indemnity shall be under Law(s) opted for, subject to the terms, exceptions and conditions contained in the Policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insured shall be so liable which is agreed by the Insurer and mentioned on the Policy Schedule.

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

Proposer's business [Correspondence] address \_\_\_\_\_

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

Particulars of work to be covered in Detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Risk Location address(s) \_\_\_\_\_

Number of work shifts and duration of each shift \_\_\_\_\_

Policy Period: From: \_\_\_\_\_ To \_\_\_\_\_

**COVERAGE'S REQUIRED**

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coveage Options [Yes/No]
<b>Employees Compensation</b>	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act 1923	
<b>Common Law</b>	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. _____	

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<b>Occupational Diseases</b>	a) Limit Per Employee Rs. _____												
	<table border="1"> <thead> <tr> <th>Per Employee limit available (Rs.)</th> </tr> </thead> <tbody> <tr><td>1,00,000</td></tr> <tr><td>2,00,000</td></tr> <tr><td>3,00,000</td></tr> <tr><td>4,00,000</td></tr> <tr><td>5,00,000</td></tr> <tr><td>6,00,000</td></tr> <tr><td>7,00,000</td></tr> <tr><td>8,00,000</td></tr> <tr><td>9,00,000</td></tr> <tr><td>10,00,000</td></tr> </tbody> </table>	Per Employee limit available (Rs.)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	
	Per Employee limit available (Rs.)												
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8,00,000													
9,00,000													
10,00,000													
b) No of Employees _____													
	Aggregate liability of the company for all employees during the Period of Insurance shall be limited to 50% of the amount arrived at by multiplying per Employee limit with the number of Employees.												
<b>Contractors Employees</b>	Limit: As per Employees Compensation Act 1923												
<b>Road Ambulance</b>	Rs.5000 Per Employee in the aggregate during the policy period												
<b>Transportation of Mortal Remains</b>	Rs.2000 Per Employee in the aggregate during the policy period												
<b>Medical Expenses</b>	<table border="1"> <thead> <tr> <th>(If yes) Please select limit per Employee in the aggregate during the policy period from below options</th> </tr> </thead> <tbody> <tr><td>25000</td></tr> <tr><td>50000</td></tr> <tr><td>100000</td></tr> <tr><td>150000</td></tr> <tr><td>200000</td></tr> <tr><td>500000</td></tr> <tr><td>1000000</td></tr> <tr><td>2500000</td></tr> <tr><td>5000000</td></tr> <tr><td>10000000</td></tr> </tbody> </table>	(If yes) Please select limit per Employee in the aggregate during the policy period from below options	25000	50000	100000	150000	200000	500000	1000000	2500000	5000000	10000000	
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10000000													

**ALL PERSONS EMPLOYED MUST BE INCLUDED**

\* **Wages** means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover

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any special expenses entailed on him by the nature of his employment; Also the definition of "Wages" as given under Employees' State Insurance Act, 1948 shall apply for the purpose of verifying as to whether employee is or is not covered under Employees' State Insurance Act, 1948.

**OWN EMPLOYEE DETAILS\*\***

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

**CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]\*\***

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

\*\* Please attach additional sheets if required.

Kindly answer the below questions:

1)	Does the above, schedule include (a) All persons in your service? (b) All your contractors/ subcontractors?	(a) Yes/No (b) Yes/No
2)	Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	
3)	Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.	
4)	Employee Safety Practices	
A)	Do you have documented SOP for employee safety in place?	Yes No
i.	Is there a compliance procedure in place?	Yes No
ii.	Is there a procedure in place for identification and immediate correction of breach in SOP for Employee safety?	Yes No
iii.	Do you carry out periodic management review of SOP?	Yes No
B)	Fire prevention and safety measures available in your factory/establishment.	<input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Hydrant system <input type="checkbox"/> Smoke detection systems <input type="checkbox"/> 24 x7 Watch and Ward <input type="checkbox"/> Common Watchman
C)	Do you carry out frequent training sessions on Safety for	<input type="checkbox"/> Monthly

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	your Employees?	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> More than Yearly	
5)	<b>Medical Facility</b>		
i)	Do you have a medical facility with round the clock doctors, para medical staff and ambulance services?	Yes No	
ii)	Do you have a medical facility with round the clock para medical staff and ambulance services, but doctors on call only?	Yes No	
iii)	No medical facility available except first aid	Yes No	
iv)	Hospital (public/private) within 5 k.m. from your factory/establishment with round the clock availability of doctors, para medical staff, ambulance services?	Yes No	
6)	Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.		
7)	Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined..... (b) Withdrawn.....	
8)	Please provide Past Claims Experience, if any		
State the total Premium paid and particulars of accidents to your employees during the past three years.**			
Year [Past 3 years from this date]	Premium Paid	Wages Paid	Amount of Loss
State the total Premium paid and particulars of accidents to your contractors employees during the past three years.**			
Year [Past 3 years from this date]	Premium Paid	Wages Paid	Amount of Loss

\*\* Please attach additional sheets if required.

**DECLARATION**

I/We the undersigned this.....day of.....20.....desire to effect an insurance in terms of the Policy to be issued by the Company against my/our Statutory, Common Law liability and other covers above mentioned.

I/We hereby declare that all the above statements and particulars, which I/We have read over, checked, are true, and full disclose that I/We have not suppressed misrepresented or mis-stated any material/non-material fact, that I/We have fairly declared my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and the .....Company.

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I/We also agree to inform Company any changes in any respect of any material/non-material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form.

I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving and realizing [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio.

I/We undertake to exercise all statutory, ordinary and reasonable precautions and security measures for safety of all the Employees as if they were uninsured.

Date.....

Signature of Proposer.....

### The following is the copy of section 41 of the Insurance Act 1938

#### PROHIBITION OF REBATES

1. No person shall allow or offer to allow either directly 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to Ten Lakh rupees.