

## EMPLOYERS' LIABILITY PROPOSAL FORM

1.	Name of the Proposer in full (IN BLOCK LETTERS)					
2.	Proposer's Business Address P.B. No. P.C. No. Location					
	Tel. No GSM No. Fax No. Email Id					
3.	Proposer's Trade or Occupation					
4.	Particulars of Work					
Schedule – A – All persons within the scope of workmen compensation law must be included.						
	Description of Employee (Please use additional sheet for giving list of employees)	Estimated No. of Employees	Estimated Annual Wages, Salaries and Other earnings			
			Cash	Living or other allowances, if any	Total	
	Clerical Staff					
	Commercial Travellers					
	Employees engaged with wood working Machinery, including Machinists and Machinists' laborers					
	Others viz.					
5.	The Total amount of Wages, Salaries and other Earnings paid by me / us to the above-mentioned employee during the past twelve months was					
6.	Do you wish to insure your liability under the Workmen's Compensation Legislation to the workmen of Subcontractor? i.e., "Contractors" as defined in the Legislation. If So, Please state.				Yes / No	
	Name of the Contractors	Nature of Work	If contract for labour and materials state estimate amount of contract	In case for which the contract is for labour only. State amount of contract.		
7.	Schedule B and C – Employees NOT within the scope of the Workmen's Compensation Legislation, may be					





insured. 1. To secure benefits as though they were Workmen, as defined in the Legislation (use Schedule B below), or 2. To secure indemnity in respect of liability at Common Law only (use Schedule C below)  (NOTE: If insurance is required under either of these Schedules All Such employees must be included in the Schedule selected.)				
Description of Employee	Estimated No. of Employees	Estimated Annual Wages, Salaries and Other earnings		
		Cash	Value of Food, Fuel & Quarters or Other consideration in addition to Money earnings.	Total
Schedule B				
Schedule C				
Total				
The Total amount of Wages, Salaries and other Earnings paid by me/ us to the above-mentioned employee during the past twelve months was Schedule B _____ Schedule C _____				
8.	Does the above schedule in Sl. No.4 and 6 include a. All persons in your service b. All your sub-contractor	a. b.		
9.	If the insurance is to extend to employees not within the scope of legislation, do the schedule B and C, above, include all such persons in your service?			
10.	Do your premises come within the meaning of any Law or Regulation governing the conduct of maintenance of such premises? a. If so, name such Laws or Regulations b. Have you carried out all the obligations imposed on you by such Laws and Regulations?	a. b.		
11.	a. Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If so, give full particulars. b. Are your machinery, painted and ways properly fenced and guarded and otherwise in good condition?	a. b.		
12.	What type of Boilers you have?			





13.	Are the following items regularly inspected to comply with statutory requirement? If so, by whom?												
	a. Boilers, steam containers and other pressure vessels		a.										
	b. Lifts, Hoists and Cranes		b.										
14.	a. Do you handle or use radio active substances or other sources of ionizing radiations.		a.										
	b. Do you manufacture, dress, handle or use asbestos or silica of material containing silica?		b.										
	c. Do you have a Foundry		c.										
15.	State amount of wages paid and give particulars of number of accidents to your employees incidental to their occupation, during the past three years.												
Year	Total Wages	Fatal				Permanent Disablement				Temporary Disablement only			
		Paid		Still unsettled		Paid		Still unsettled		Paid		Still unsettled	
		No.	Compensation paid to date	No.	Estimated further cost	No.	Compensation paid to date	No.	Estimated further cost	No.		No.	Estimated further cost
16.	Are you at present insured, or have you ever proposed for insurance in respect of your liability to your employees? If so, please give name of the company.												
17.	Has any such proposal or renewal ever been declined or withdrawn?		Declined / Withdrawn										
18.	If the insurance is to be for a period other than one year, state period												

### DECLARATION

I/ We the undersigned, desire to affect insurance in terms of the policy to be issued by the Company against my/ our Statutory and Common Law Liability as above mentioned. 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 and particulars which I / We have read over and checked are true, that I / We have not suppressed, misrepresented or misstated any material fact, that I / We have fairly estimated 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.

Place:

Date:

Signature of the Proposer

