

PROPOSAL FORM

EMPLOYEES COMPENSATION INSURANCE POLICY



SURAKSHA AUR BHAROSA DONO

INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure of any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.
6. The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

Office use only:

Policy Issuing Office Address:
 Code:

Intermediary/Agent Name:
 Code (if any):

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.

Put a (✓) mark wherever applicable

PROPOSER'S DETAILS (*mandatory fields)

1. Name of the Proposer*:
2. Address of the Proposer*:
Plot No/Door No. and building name*:
Road name*: Area:
City: Pin code: State:
Phone No.: E-mail Id:
PAN*: / Form 60/61 (if Available): Aadhaar Card No.*:
3. Proposer's Trade or Occupation*:
4. Date of Birth*: Gender*: M F Other Marital Status*: Married Unmarried
5. How long have you been in business (in years)*: Less than 5 years Greater than equal to 5 years
6. Are you or any of the proposed applicants are Politically Exposed Person? Yes No

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

RISK DETAILS

7.	Particulars of the work to be covered in detail	
8.	Risk Location Address	
9.	Average Age of the Risk Locations covered	<input type="checkbox"/> Less than 10 years <input type="checkbox"/> Greater than equal to 10 years

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Employees Compensation Insurance Policy, UIN : IRDAN144RP0015V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

10. Employees Details – ALL PERSONS EMPLOYED MUST BE INCLUDED				
Sr. No.	Description of work done by the Employees	No of Employees	Declared Wages during the Period of Insurance (INR)*	Place / Places of Employment
1			INR	
2			INR	
3			INR	
4			INR	
5			INR	
	Total		INR	
<p>* 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 any special expenses entailed on him by the nature of his employment.</p> <p>When provided by the employer</p> <ul style="list-style-type: none"> • Boarding and Lodging perquisites must be assessed at its fair value but at not less than 20% of the basic pay plus dearness allowance, bonus and other allowances excluding overtime wages. • Boarding only or lodging only must be assessed at its fair value but at not less than 10 percent of the basic pay plus dearness allowance bonus and other allowances excluding overtime wages. 				
11.	Does the above schedule include all persons in your service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	a. If no please confirm which category of employees are not covered?			
12.	Average Age of the employees covered		<input type="checkbox"/> Less than 10 years <input type="checkbox"/> Greater than equal to 10 years	
13.	Do you maintain an accurate record of the employees and wages in respect of business in compliance with all statutory requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Does job of employees involve use of heavy machinery/ Lifting of heavy objects?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Use of protective clothing and equipment			
	a. Do you instruct all your workers in proper lifting techniques and are they provided with materials-handling aids and encouraged to obtain help where moving extremely heavy objects?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Does the insured provide heavy-duty work gloves for all employees performing rigorous manual labor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Are employees who operate process machinery instructed not to wear loosefitting clothing and accessories which could get caught in in-running machinery?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Location of site/ work/working environment			
	a. Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If yes give full particulars.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Are your machinery plant and ways properly fenced and guarded and otherwise in good order and condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	d. State what acids, gases, chemicals or explosives gases will be used and to what extent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	e. Is your boiler registered under the Indian Boiler Act, 1923? If not, under what conditions it is exempted from such registration.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Health & Safety Standards:			
	a. Please provide details of safety standard certifications awarded to you		<input type="checkbox"/> None <input type="checkbox"/> ISO <input type="checkbox"/> OSHAS <input type="checkbox"/> Other(Please specify) :	
	b. Does Health and safety training is provided to employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Do you have appointed safety manager?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	d. Do you have proper system of work permit in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	e. Do you have medical facility available at the premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	f. Do you have health and safety team in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

COVER DETAILS:

18.	Period of Insurance	From : dd/mm/yyyy	To : dd/mm/yyyy	
19.	Coverage Required			
	Coverage under Law:		Cover required?	
	1. Employees Compensation Act, 1923 and subsequent amendments there of..... (Limit: as per Employees Compensation Act, 1923)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. Common Law. If yes, please provide the limit of indemnity required.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	i. Per Employee Limit INR ii. Any One Accident Limit INR iii. Any One Year Limit INR Notes :- i. "Per Employee Limit" is limit per employee for any number of accidents during Period of Insurance. ii. "Any One Accident Limit" is limit per accident for any number of Employees. iii. "Any One Year Limit" is aggregate limit for all accidents and claims arising there from during the Period of Insurance.			
20.	Is Joint policy required? If yes, please provide the following information		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	i. Name of joint holder :			
	ii. Joint holder category : <input type="checkbox"/> Parent Company <input type="checkbox"/> Associated Company <input type="checkbox"/> Public Authority <input type="checkbox"/> Subsidiary <input type="checkbox"/> Government Department <input type="checkbox"/> Others			
21.	Do you require cover for occasional domestic labour?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of Domestic work	Nos. of Domestic Labour		
22.	Extensions Required (Please tick yes if you wish to have the following add-on covers. Please note, these covers are available subject to additional premium payment by you)			
Sr. No.	Add on Cover	Required?	Limit of Indemnity (INR)	
1	Coverage for Medical Expenses required? If yes complete the following details.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	i. Per Employee Limit (Limit Per Employee for any number of accidents during Period of Insurance)		INR	
	ii. Any One Year Limit (Aggregate Limit for all accidents and claims arising there from during the Period of Insurance)		INR	
2	Coverage for Occupational Disease required? If yes complete the following details.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	i. Per Employee Limit (Limit Per Employee for any number of accidents during Period of Insurance)		INR	
	ii. Any One Year Limit (Aggregate Limit for all accidents and claims arising there from during the Period of Insurance)		INR	
3	Coverage for Contractors & Sub contractors of the insured. If Yes, complete the following details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	As per Employees Compensation Act, 1923	
Sr. No.	Name and Registered Address of the Contractor	Declared Nos. of Employees	Total Declared Wages during the Period of Insurance (INR)*	Place / Places of Employment
1			INR	
2			INR	
3			INR	
4			INR	
	Total		INR	
	Does above schedule cover all of your contractors and sub contractors. If no please confirm which category of employees are not covered?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR INSURANCE AND CLAIM DETAILS:

23.	Please provide total wages paid and particulars of accidents to your employees during the past three years		
	Year	Wages paid	Claim Total Amount paid / Outstanding (INR)

24.	Please provide total wages paid and particulars of accidents to your contractors employees during the past three years		
	Year	Wages paid	Claim Total Amount paid / Outstanding (INR)

25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? If yes please provide the details Yes No

26. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details. Yes No

27. Has any insurer ever terminated your cover? If yes please provide the details. Yes No

28. Has any of the Properties to be insured previously been covered by other insurance companies? If yes, please provide the following details. Yes No

Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/YY)	Description of work	Nos. of Employees	Total Wages (INR)	Premium (INR)
	dd/mm/yyyy	dd/mm/yyyy				

I/We desire to effect an insurance in terms of the Public Liability Insurance Policy of the Company against the limits of indemnity mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Date:

Place:

Proposer's Signature with company stamp

Name of Proposer: _____

Designation of proposer: _____

Nominee Details*:

Nominee 1

*Name:

*Relationship with Nominee:

*Date of Birth of Nominee:

Mobile no.:

Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name: Branch Name:

Bank Account Number: IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Name:

*Relationship with Nominee:

*Date of Birth:

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Employees Compensation Insurance Policy, UIN : IRDAN144RP0015V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Nominee 2

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

Mobile no.: Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name: Branch Name:
 Bank Account Number: IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Name:

*Relationship with Nominee: *Date of Birth:

Note.(*) marked fields are mandatory

PAYMENT DETAILS*:

Amount: ₹

Instrument Type: Cheque Debit Card/Credit Card NEFT Others: Please Specify

Cheque/ DD No.: Date:

Bank Name: Branch:

Credit/ Debit Card Number: Expiry Date:
 Card Type: Card Number:

Sources of Funds: Salary Business Others (Please Specify):

SBIG does not accept Cash for Premium Payments against the Policy.

Bank Account Details For Process Of Refund*:

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder

Bank Name: Branch Name:

Bank Account No.: IFSC Code:

MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

KYC Documents Attached:

Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill
 Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Employees Compensation Insurance Policy and related information in: Physical Format e-Format (electronic)

I have eIA Number:

I would like to apply for eIA with:

NSDL Data Management CSDL Insurance Repository Ltd Karvy Insurance Repository Ltd CAMS Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available):

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Employees Compensation Insurance Policy, UIN : IRDAN144RP0015V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company/ies has/have right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian Non-Indian Non-resident Indian(NRI) Others

If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

Corporation Government Non-Governmental Organisation Society Trust
 Partnership International Organisation Cooperative Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation.

Recent photograph of proposer:
(Photograph is required, if customer does not have CKYC ID)

Signature of Proposer

VI. DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and the SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date: Place:

Signature of the Agent

VII. AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No.: _____

Date: Place:

Signature of the Agent

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Employees Compensation Insurance Policy, UIN : IRDAN144RP0015V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

DECLARATION (IF SIGNED IN VERNACULAR LANGUAGE / IF YOU HAVE AFFIXED THUMB IMPRESSION ABOVE)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____ (Relation with the Proposer/Primary insured) _____ adult and inhabitant of (city) and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or 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 on the policy, nor shall any person taking out or renewing or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

“I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required.”

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

***Notes:**

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - 1. **“Controlling ownership interest”** means ownership of or entitlement to more than **ten** percent of shares or capital or profits of the company;
 - 2. **“Control”** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **ten** percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, “Control” shall include the right to control the management or policy decision
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten** percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.