

**PROPOSAL FORM
EMPLOYEES COMPENSATION INSURANCE POLICY**

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.

For Office Use only:

Branch office Code	
Broker/Agent Name & code	Code

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

I. PROPOSER'S DETAILS

1. Name of the Proposer										
2. Address of the Proposer	Plot No.		Building							
	Road									
	Area									
	City		Pincode	0	0	0	0	0	0	0
	State									
	Phone No.	S	T	D	-	0	0	0	0	0
	E-mail Id									
3. Proposer's Trade or Occupation										

4. How long have you been in this business? (In years)	<input type="checkbox"/> less than 5 years <input type="checkbox"/> greater than equal to 5 years			
II. RISK DETAILS:				
5. Particulars of the work to be covered in detail				
6. Risk Location Address				
7. Average Age of the Risk Locations covered	<input type="checkbox"/> Less than 10 years <input type="checkbox"/> Greater than equal to 10 years			
8. 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><u>When provided by the employer</u></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. 				
9. 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?				

10. Average Age of the employees covered	<input type="checkbox"/> Less than 35 years <input type="checkbox"/> greater than equal to 35 years	
11. 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	
12. Does job of employees involve use of heavy machinery/ Lifting of heavy objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. 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 loose-fitting clothing and accessories which could get caught in in-running machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. 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	
15. 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	
III. COVER DETAILS:		
16. Period of Insurance	From	To
	dd/mm/yyyy	dd/mm/yyyy
17. Coverage Required		
<u>Coverage under Law:</u>		<u>Cover required?</u>
1. Employees Compensation Act, 1923 and subsequent amendments thereof..... (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	

- "Per Employee Limit" is limit per employee for any number of accidents during Period of Insurance.
- "Any One Accident Limit" is limit per accident for any number of Employees.
- "Any One Year Limit" is aggregate limit for all accidents and claims arising there from during the Period of Insurance.

18. Is Joint policy required? If yes, please provide the following information () Yes () No

- i. Name of joint holder :
- ii. Joint holder category : () Parent Company () Associated Company
() Public Authority () Subsidiary
() Government Department () Others

19. Do you require cover for occasional domestic labour? () Yes () No

Type of Domestic work	Nos. of Domestic Labour

20. 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)

Coverages 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.	() Yes () 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.	() Yes () 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.		() Yes () 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?				() Yes () No	

IV. PRIOR INSURANCE AND CLAIM DETAILS:

21. 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)			
22. 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)			
23. 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	
24. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.						() Yes () No	
25. Has any insurer ever terminated your cover? If yes please provide the details.						() Yes () No	
26. 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	Description of work	Nos. of Employees	Total Wages (INR)	Premium (INR)	
	dd/mm/yy	dd/mm/yy					
<p>I/We desire to effect an insurance in terms of the Employees Compensation Insurance Policy of the Company against the sum insured mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.</p> <p>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.</p> <p>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.</p>							
Place:							
Date: DD-MM-YYYY				Proposer's Signature with company stamp Name of Proposer Designation of proposer			

KYC DETAILS

PAN: Form 16: Aadhaar Card No.:

AML GUIDELINES

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 has the 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-Indian (please specify the Country) _____

Type of Organisation:

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust ☐ Partnership

☐ International Organisation ☐ Cooperative ☐ Section 8 Companies

Signature of the Insured

PART III - 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 Proposer

AGENT's 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: _____

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want my insurance product related information in: ☐ Physical Format ☐ e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd. ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd.

☐ I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

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) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/we 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 my/our knowledge and belief.

Date:

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer

SECTION 41 OF INSURANCE ACT, 1938:

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 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 published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lakhs.