



Universal Sampo General Insurance Co. Ltd.

(A Joint Venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Limited, Dabur Investments Corp. and Sampo Japan Hipponkwa Insurance, Inc.)

Registered and Corporate Office: Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kurla Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax# 022 - 29211844, Email: contactus@universalsampo.com

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.

IMD Name:

IMD Code:

Contact Details:

Proposer's names in full

Proposer's business (Correspondence) address

Proposer's trade or occupation

Particulars of work to be covered in Detail:

Risk Location address(s)

Policy Period

From _____ To _____

COVERAGE REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	
Common Law	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. _____	
Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	d) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ e) Aggregate liability for all accidents during the Period of Insurance Rs. _____ f) Limit Per Employee Rs. _____ g) Aggregate liability of the company for all employees during the Period of Insurance Rs. _____	
Occupational Diseases			
Contractors Employees		Limit: As per Employees Compensation Act	

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 an employee towards any pension or provident fund or a sum paid to an employee to cover any special expenses entailed on him by the nature of his employment;

OWN EMPLOYEE DETAILS**

Description of Employees	Estimated no. of Employees	Estimated Annual Wages Salaries & Other Earnings		Total	(For office use only)	
		Cash	Living or other allowances (if any)		Rate per mile	Premium
(A) Employees drawing monthly wages upto Rs. 8,000/-						
Clerical Staff					Rs.	
Commercial Travellers					Rs.	
Other (Incl. employees engaged with wood working machinery including machinists and labourers)					Rs.	
B. Workers drawing monthly wages over Rs. 8,000/-						
Clerical Staff						
Commercial Travelers						
Others (incl. employees engaged with wood working machinery including machinist and labourers)						

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.

Does the above, schedule include

- (a) All persons in your service?
- (b) All your contractors/subcontractors?

Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.

Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.

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.

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.....

State the total Wages paid and particulars of accidents to your employees during the past three years.**

Year	Total Wages		Fatal		Permanent/Partial Disablement		Temporary Disablement	
	Number	Cost	Number	Cost	Number	Cost	Number	Cost

State the total wages paid and particulars of accidents to your contractors employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

AML Guidelines:

1. I/We hereby confirm that all premiums have been/will be paid from bonafide 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.
 2. I understand that the Company has the right to call for documents to establish sources of funds.
 3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the status directly or indirectly governing the prevention of money laundering in India.
 - Nationality: Indian Non Indian If Non-Indian please specify the country
 - Type of Organisation
 - Corporations Governments Non-Governmental Organizations Society
 - Trust Partnership International Organization Cooperatives Section 25 Company
- PAN Card Number/Form 60 (Mandatory)

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 that I/We have not suppressed misrepresented or mis-stated any 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 Universal Sompo General Insurance Co. Ltd.

I/We also agree to inform Company any changes in any respect of any 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 or 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 for safety of all the Employees as if they were uninsured.

Date _____

Signature of Proposer _____

GST Number _____

SECTION 41 OF THE INSURANCE ACT 1938 - PROHIBITION OF REBATES

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 of risk relating to lives or property in India any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakh Rupees.

Universal Sompo General Insurance Co. Ltd.

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Control no: NPPL-5000/005/07April2018