

EMPLOYEES COMPENSATION INSURANCE POLICY - RETAIL PROPOSAL FORM

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

Put a (√) mark, wherever applicable.

FOR OFFICE USE

Quote No.: _____ Inward No.: _____
 Receipt No.: _____ Receipt Date:

D	D	M	M	Y	Y	Y	Y
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 Sales Manager Name: _____ Sales Manager Code : _____
Servicing Branch Code: _____ **Servicing Branch Name:** _____

INTERMEDIARY DETAILS

Segment Type: Individual Retail SME Corporate Others Business Sector: Urban Rural Social
 Business Type: New Rollover Renewal Intermediary Type: Agency Broker Banca Direct Others
 Intermediary Name: _____ Intermediary Contact No.:

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 Intermediary Reference Code: _____
 Intermediary Sales Person's Name: _____ Intermediary Sales Person's Contact Number:

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 Intermediary Sales Person's Code: _____ Source Code: _____
 Intermediary Email ID: _____ POS UID Aadhaar No./PAN: _____

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 Wording 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 in the Policy Schedule.

PROPOSER DETAILS

Proposer's name (in full): _____
 Proposer's business (Correspondence) address: _____

 Contact Number(s):

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 Proposer's Trade or Occupation: _____ Particulars of work (to be covered in detail): _____
 Risk location address(s): _____

 Period of Insurance: From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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COVER(S) REQUIRED	Scope of cover	Aggregate Limit of Indemnity	Coverage Options (Yes/ No)
Employee's Compensation	Subject otherwise to the terms, conditions & exclusions of the Policy, the amount of liability incurred by the Insured	Limit: As per Employee's Compensation Act, 1923	
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 – ₹ _____ b. Limit per Accident for any number of employees ₹ _____ c. Aggregate limit for all accidents and claims arising therefrom during the Period of Insurance – ₹ _____	
Medical Expenses:	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 – ₹ _____ b. Aggregate liability for all accidents during the Period of Insurance – ₹ _____	
Occupational Diseases		a. Limit per employee – ₹ _____ b. Aggregate liability of the company for all employees during the Period of Insurance – ₹ _____	
Contractor's Employees		Limit: As per Employee's Compensation Act, 1923	

Note: All persons employed must be included.

***Wages** means the remuneration payable to an Employee, by the Insured, for employment on 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 traveling 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	Declared Number of Employees	Declared wages during period of insurance	Place/Places of employment

Do you wish to insure your liability, to the workmen of contractor(s)? Yes No

If Yes, please state**:

Contractor's Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place(s) of employment

** Please attach additional sheet(s), if required

Sr. No.			
1	Does the above schedule include		
a)	All persons in your service?		Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	All contractors / sub-contractors?		Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the business?		Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Do you maintain an accurate record of the Employees and Wages, in respect of Business, in compliance with all statutory requirements?		Yes <input type="checkbox"/> No <input type="checkbox"/>
4	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.		
5	Has any proposal for an insurance in respect of your liability to your employees, or renewal thereof, ever been declined or withdrawn?		a) Declined <input type="checkbox"/> b) Withdrawn <input type="checkbox"/>
6	State the total wages paid and particulars of accidents to your employees during the past three years**		
	Year (Past three years from this date)	Wages Paid	Amount of Loss
7	State the total wages paid and particulars of accidents to your contractor's employees during the past three years**		
	Year (Past three years from this date)	Wages Paid	Amount of Loss

** Please attach additional sheet(s), if required

**Please also refer to the attached annexure and share the same duly filled and stamped and signed

PAYMENT DETAILS

Please draw your Cheque (a/c payee only) or Demand Draft in favour of "Edelweiss General Insurance Company Limited" (*Mandatory fields)

Cheque No./DD No.: Amount: Date:

UTR No.:

Bank Name: Branch:

Bank Account No.*: IFSC:

*Claim/refund amount will be deposited in this bank account only, unless changed later

++ ANNEXURE TO PROPOSAL FORM

Sr. No.		
1	Risk Management and Housekeeping	
a)	Do you have risk management process in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Do you have a safety committee in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Is your housekeeping activity tracked on a daily basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d)	Do you have a safety policy in place and is it displayed in common areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Superior systemic controls and safety features	
a)	Do you have requisite ISO / QS certifications applicable to your industry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Are system controls in place at your plant site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Is machineries control & automation available with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d)	Are alarm & trip functions installed near all critical areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Hazard to Employees	
a)	Are your employees exposed to pollutants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Are your employees prone to hazardous gases or toxic wastes, explosives & substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Please specify any other hazard that your employees are prone to.	
4	Industry Type Exposure	
a)	Do you have any history of industrial accidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Is occurrence of accidents, leading to Death & Disability, frequent in your industry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Please share specific hazard(s) that your industry is exposed to	
5	Health & Safety Standards	
a)	Please provide details of safety standard certifications awarded to you	None <input type="checkbox"/> ISO <input type="checkbox"/> OSHAS <input type="checkbox"/> Other (Please specify):
b)	Is health and safety training provided to employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Do you have appointed safety manager(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d)	Do you have proper system of work permit in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e)	Do you have medical facility available at the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f)	Do you have health and safety team in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g)	Whether first aid & other emergency medical facilities are available in the premises or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h)	Do you have presence of doctor(s) & hospital(s) close to your premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Industrial Dispute Exposure	
a)	Do you have any history of industrial & labour disputes? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Do you have any history of strikes and/or lockouts? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Do you have any history of riots? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Risk Management Practices	
a)	Do you have a defined process for selection & training of Workforce?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Are emergency assembly points available and demarcated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Is emergency evacuation training provided to all your employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d)	Do you have manual call points & alarm systems in place in case of fortuity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e)	Do you conduct regular mock drills (including at night shift) for all your employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f)	Are SOPS and facilities displayed at site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g)	Is the site accessible for fire brigade / firefighting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h)	Do you have site security?	Yes <input type="checkbox"/> No <input type="checkbox"/>
l)	Are Detection & Alarm Systems available for processes (especially for hazardous gases & chemicals)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
j)	Do you have fire-fighting appliances in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>

k)	Is safety gear provided to all workers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
l)	Are the protective measures such as fencing/ guarding of dangerous machines available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Employer's Experience	
a)	Please share your experience history for incidents reported with you	
9	Maintenance	
a)	Is the maintenance of boilers & other pressure vessels done as per statutory requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Do you have provision for in-house maintenance/ maintenance contract for machines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Do you have work permits and maintain records thereof?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Geographical Location/ Place of employment	
a)	Have you suffered NAT-CAT exposure in last 3 years, If so, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Does any of your neighbor(s) deal in hazardous commodities, If yes, please share details	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Special Exposures	
a)	Are your employees engaged in tunnel activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Are your employees engaged in activities on river bed and like works?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Are your employees engaged in mining activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d)	Are your employees engaged in any other underground activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e)	Are your employees exposed to working at height?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f)	Are your employees working in confined space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g)	Are your employees exposed to Hot work	Yes <input type="checkbox"/> No <input type="checkbox"/>
h)	Are your employees engaged in activities of using heavy machines / lifting of heavy objects?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Terrorism Exposure	
a)	Do you have any history of exposure to terrorist/ Naxalite?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Facilities Provided	
a)	Do you provide transportation to your employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Do you provide meal facility to your employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Do you provide residence to your employees within the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Group Size	
a)	What is the average number of employees on your rolls?	
b)	Do you also hire contractors for jobbing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Average age of the employees covered	Below 35 <input type="checkbox"/> Above 35 <input type="checkbox"/>
16	Specific Information	
a)	Are your premises a Factory within the meaning of the Factories Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Is OEM recommendation followed while putting the plant to work and during maintenance activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Record Keeping	
a)	Do you maintain proper records for all disbursements made & reconciliation thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date: / / -----

Place:

Signature of Proposer

Signature of Proposer/s
(Stamp, where proposer is a juristic person)