WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM

1. Name of Proposer _____
2. Address _____
3. Nature of Business_____
4. Contact Person _____Telephone No. _____Fax No. _____
5. Cell No. _____ Email. _____
7. NTN _____ STN _____ CNIC(if individual)_____
6. Period of Insurance From: _____ To: _____

7. Description of employees	Estimated No of employees	ESTIMATED ANNUAL WAGES, SALARIES AND OTHER EARNINGS		
		Cash	Living / other allowances (if any)	Total estimated annual earning
7.1 Clerical Staff				
7.2 Commercial Travelers				
7.3 Employees engaged with woodworking machinery including machinists and machinists laborers				
7.4 Others (specify)				

8. Total amount of wages, salaries and other earning paid by me/us during the past 12 months was _____

9. Do you wish to insure your liability under the Workmen's Compensation Act 1923 and the subsequent amendments of the said Act prior to the date of issue of policy to the workmen of contractors?. . . . . (i.e. of contractors as defined in the Act)
If yes, please state:-

Name of contractors	Name of work subject	If contract for labour & material, state estimated amount of contract	If contract for labour only, state amount of contract
. . . . .	. . . . .	Rs.	Rs. . . . .
. . . . .	. . . . .	Rs.	Rs. . . . .
. . . . .	. . . . .	Rs.	Rs. . . . .
. . . . .	. . . . .	Rs.	Rs. . . . .

10. Does the above schedule include a) all persons in your service? b) all your subcontractors? If not, then kindly confirm which category of employees are not covered	☐ yes ☐ no . . . . .
11. Do you provide specific training to your employees on how to perform their respective job?	☐ yes ☐ no
12. Does all employees are acquainted with standard safety procedures?	☐ yes ☐ no
13. Are your premises a factory within the meaning of the Factories Act?	☐ yes ☐ no
14. Does the insured provide heavy-duty work gloves for all employees performing rigorous manual labor?	☐ yes ☐ no
15. (a) Have you any circular saws or other machinery driven by steam, gas, water electricity or other mechanical power? If yes, please give full particulars. (b) Are your machinery, plant and ways properly fenced and guarded, and otherwise to good order and condition?	☐ yes ☐ no . . . . . ☐ yes ☐ no
16. (a) Is your boiler registered under the Boiler Act, 1923? (b) If not, under what conditions is it exempted from such registration?	☐ yes ☐ no . . . . .
17. State what acids, gases, chemicals or explosives will be used and to what extent?	

18. Have you previously been insuring similar risk? ☐ yes ☐ no

If yes, (a) State the name of insurer _____

(b) Reasons for leaving the previous insurers?
☐Policy Cancelled ☐Renewal Refused ☐Claim Declined

19. Please provide details of losses, if suffered on account of accidents to your employees during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

Declaration

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the insurance.

_____ _____

Date Signature of the Proposer