# PROPOSAL FORM - EMPLOYEE'S COMPENSATION INSURANCE POLICY



(The risk is not covered until the proposal is accepted and premium paid)

Indemnity under the Employee's Compensation Act, 1923 and subsequent amendments of the Act prior to the date of the issue of the Policy, the Fatal Accidents Act, 1855; and at Common Law

Act,	1855; and at Common Law																				
PF	ROPOSER DETAILS																				
Prop	oser's Name in Full																				
Prop	oser's Business												$\Box$	$\Box$			$\Box$	Ī	Ī		
Prop	oser's Address																				
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	1	Mobile No.			Email:										_						
Prop	oser's trade/ occupation			ΤĖ		П					Т	Т	$\Box$	П		$\Box$		$\Box$			
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	ne insured through Centra																				
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20	CHEDULE (All persons em	iployed must be includ	ded)																		
	Description of Employees	Estimated no. of	Estimated		Salarie	s &		Ins		(For office u					use only)						
		Employees	Cash	1	Earnings or other	Т	otal		requi Table			ք ├─					Premium			_	
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eng ma	ners (Incl. employees gaged with wood working chinery including machinists d machinists labourers)																				
1.	Does the above schedule in	clude: -																			
	(a) All persons in your serv	ice?		(a)																	
	(b) All your sub-contractors	(b)																			
2.	Are your premises a Factory	within the meaning of	the Factories Ac	t;																	
3.	(a) Have you any circular s water electricity or other If so, give full particular	as, (a)																			
		(b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?							_		_										
4.	(a) Is your Boiler registered		(a)																		
	(b) If not, under what cond	If not, under what conditions is it exempted from such registration?																			

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5.	State what acids, gases, chemicals, or explosives will be used and to what extent?																							_										
6.	Are you, at present, insured or have you ever proposed for insurance in respect of your liability to your employees? "If so, please give the name of the company or companies.																																	
7.	Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?													ned raw	n																			
8.	Please state the Premium and claims figures for the last 5 years.													Yea						Р	rem	iur	n					(	Clain	าร				
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#### PROPOSER 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 and Common Law liability. I/We agree to render at the end of each period of insurance a statement in the form required by the company of all wages actually paid, and to pay premium on any wages paid in excess of the amount estimated above. 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 misstated any material fact that I/we have fairly estimated my/our total wages and salaries expenditure and I/we agree that this declaration shall be the basis of contract between me/us and the Magma HDI General Insurance company.

I/We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income.

Date	e: D D M M Y Y Y Y  Signature of the Proposer
AMI	_ Guidelines
1.	I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cance the insurance policy in case I /we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
Date	e: D D M M Y Y Y Y Y Signature of the Proposer
If ye	you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*? YES NO s, please share the details of "Politically Exposed Persons" (PEPs): EPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senio icians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials
2.	Additional Information:  Nationality: Indian Non-Indian If, Non-Indian, please specify Country:
3.	Type of Organisation: (Applicable where an organisation is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select option X (i) Corporations (ii) Trust (iii) Government (iv) Partnership / LLP (v) Non-Government Organisations (vi) Co-operatives (vii) Society (viii) Private Limited Company (ix) Public Limited Company (x) others, please specify
4.	Source of Funds for premium payment:

### SECTION 41 OF THE INSURANCE ACT, 1938 - PROHIBITION OF REBATES

- 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 whole or part of the commission payable or any rebate of the premium shown on
  the policy nor shall any person taking out or continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published
  prospectus or tables of the Insurer.
- 2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no. : 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata â€″ 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license (PF.EC.ver14.08.24).