

1800 3002 8282 (toll free) 3989 8282 (local charges apply) www.reliancegeneral.co.in

## Proposal Form for Reliance Workmen's Compensation Policy

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

Pro	ooser's Details																									
1.	Name of the Propos	ser	☐ Mr.	☐ Mr	s L			1	1			1														
2.	Proposer's Business		1	1 1		1		1	1		1	1		1								1	1			
	Address of the Propo	oser																								
	Flat Building	I											ш													
	Road/Street/Sector	. [							1		1	1	ш						1	1	1	1		1		
	Area	l							1			1	ш						1	1	1	1				
	Taluka/Village/Distri	ict/City							1			1	ш				Pi	n Co	de		1	1				
	State	l							1			1					Co	ount	ry							
	Phone	l										1	ш		Мо	bile			1	1	1			1		
	Email	l										J Fa	ЯХ	L					1	1	1	1		1		
3.	Proposer's trade or o	occupatio	on L	1 1		1			1		1	1		1						1	1	1	1			
	Particulars of work	I											ш							1				1		
Sch	edule																									
	persons employed i	must be	e inclu	ıded																						
4.	Estimated Annual (Fo					1						1											1	1		
5.	Wages, Salaries and	other Ea	rnings						1			1														
Description of Employees Estimated Num of Employees							Cash Living or c									Insurance state Table prospectus				e A or B of			Rate % Premium			
Des	cription of Employees	,				ber	Ca	ash					,	Tota	al	S	tate	Tab	le A							
	cription of Employees					ber	Ca	ash						Tota	al	S	tate	Tab	le A							
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٦.	DUE	s the above, schedule include				
	a)	All persons in your service?			☐ Yes	s No
	ь)	All your subcontractors?			☐ Yes	s No
10.	Are	you premises a Factory within	n the meaning of the Factories Act?		☐ Yes	s No
11.	a.	Have you any circular saws water electricity or other me	or other machinery driven by steam echanical power?	gas,	☐ Yes	s No
	i.	If yes, please give details				
	b.	Are your machinery, plant a in good order and condition	nd ways properly fenced and guarde ?	d and otherwise	☐ Yes	s No
12.	a.	Is your Boiler registered und	ler the Indian Boiler Act, 1923?		☐ Yes	s No
	Ь.	If yes, please give details _				
13.	Stat	e what acids, gases chemical	s or explosives will be used and to w	hat extent?		
14.		you at present insured or hav liability to your employees?	e ever proposed for an insurance in r	espect of	☐ Yes	s No
	If so	o, please give the name of the	e Company or Companies.			
	rene	ewal thereof even been declin	e in respect of your liability to your e ned or withdrawn? articulars of accidents, to you emplo			eclined
ı		Total Wages	Fatal	Perm. Disablen	nent I	Temp. Disablement
		J	No. Cost.	No.	Cost.	No. Cost.
R		I	Rs.	Rs.	1	Rs.
l R			Rs.	Rs.		Rs.
l R			Rs.			Rs.
Com state abov misr shal	pany emen ve, I/ epres be th	against my/our Statutory ar t in the form required by the o we hereby declare that all the sented or mis-stated any mate	day of	ationed. I/We agree to and to pay premium on hich I/We have read ove ated my/our total wages	render, at the end o any wages paid in ex er checked, are true t	of each period of insurance, xcess of the amount estimate that I/We have not suppresse
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