

## (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

PROPOSER DETAILS	
Proposer's Name in Full	
Proposer's Business	
Proposer's Address	
	City State
	Pin Code
	Mobile No. Email:
Proposer's trade/ occupation	
PAN No. / Form 60	GST number
Particulars of work	
Risk Location Address	
	City State
	Pin Code Landline Landline
Policy Period	From D D M M Y Y Y Y To D D M M Y Y Y Y

□ I/ We hereby give my/ our consent to the Company to verify and obtain my/ our identity/ address proof as well as the identity/ address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

# SCHEDULE (All persons employed must be included)

	Description of Employees	Estimated no. of Employees	Estimated	d Annual Wages other Earnings	Salaries &	Insurance required, state	(For office use only)					
			Cash	Living or other allowances (if any)	Total	Table A or B of Prospectus	Rate per mille	Premium				
	Workmen drawing monthly ges upto Rs.15,000/-						Rs.					
Cle	rical Staff						Rs.					
Co	mmercial Travelers						Rs.					
enç ma	ners (Incl. employees gaged with wood working chinery including machinists d machinists labourers)											
<b>B</b> . \ wa	Vorkers drawing monthly ges over Rs.15,000/-											
Cle	rical Staff											
Co	mmercial Travelers											
Others (Incl. employees engaged with wood working machinery including machinists and machinists labourers)												
1.	Does the above schedule inc	lude: -										
	(a) All persons in your servic	ce?		(a)	(a)							
	(b) All your sub-contractors?	2		(b)	(b)							
2.	Are your premises a Factory	within the meaning of	the Factories Ac	4ș								
3.	<ul> <li>(a) Have you any circular so water electricity or other If so, give full particulars</li> </ul>	mechanical power?	ry driven by stec	am gas, (a)	(a)							
	(b) Are your machinery, plan otherwise in good order		enced and guarc	ded and (b)	(b)							
4.	(a) Is your Boiler registered	under Indian Boilers A	ct 1923?	(a)								
	(b) If not, under what condit	ions is it exempted fro	m such registrat	ion? (b)	(b)							



# PROPOSAL FORM -EMPLOYEE'S COMPENSATION INSURANCE POLICY

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	(a) Declined		
	employees or renewal thereof ever been declined or withdrawn?	(b) Withdrawn		
8.	Please state the Premium and claims figures for the last 5 years.	Year	Premium	Claims

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

Year	Total Wages	Fa	ıtal	Perm. Dis	ablement	Temp. Disablement			
		No.	Cost	No.	Cost	No.	Cost		

#### Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing) I hereby consent that the policy documents may be sent to me by email at

(Please provide us your e-mail id) or via sms at my mobile no. provided above can be added to all proposal forms.

I hereby consent to and authorize Magma General Insurance Limited ("Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on My WhatsApp number

Whatsapp Number:



Signature of the Proposer:

Name of Proposer: \_\_\_\_

#### Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the Employee's Compensation insurance from Magma General Insurance Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Declarants Name																		
Relationship with proposer																		

Signature of declarant:	
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Signature of applicant in vernacular:

Date:

# INTERMEDIARY DECLARATION

(Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate I. Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: D D M M Y Y

Signature of the Insurance Advisor:

I [ name of proposer ] confirm that I have understood all the features/benefits available under this Policy. Signature of the Proposer:

Date: D D M Μ



# 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 General Insurance Limited.

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:	D	D	Μ	Μ	Y	Y	Y	Y	
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Signature of the Proposer

## AML Guidelines

 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 cancel 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.

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Signature o	f the	Proposer
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e you or any of the proposa	l applicants PEPs* or a close	e relative/associate of PEPs*?	YES NO

If yes, please share the details of "Politically Exposed Persons" (PEPs):

\* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, 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:

Salaried: \_

Others (please specify)

### 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 General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail:customercare@magmainsurance.com | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Employee's Compensation Insurance Policy | Product UIN: IRDAN149P0012V01201314 | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (PF.EC.ver10.12.24)

Business: