



THE NEW INDIA ASSURANCE CO. LTD
P.O. BOX 2907, P.C.112, RUWI
SULTANATE OF OMAN

PROPOSAL FORM FOR WORKMEN'S COMPENSATION INSURANCE

Proposer's Name in full :

Proposer's Business Address :

Proposer's Trade or Occupation :

Paid Up Capital (if applicable) :

Particulars of Work :

SCHEDULE
ALL PERSONS EMPLOYED MUST BE INCLUDED

Description of Employees	Estimated Number of Employees	Cash	Living or other allowances if any	Total	Insurance required. State Table A or B of prospectus	Rate % PREMIUM (For office use)
1	2	3	4	5	6	7
Workmen in Labor category						
Clerical Staff						
Commercial Travellers						
Employees engaged with woodworking machinery including machinists and machinists labourers						
Others (specify)						
Workers in labour category						
Clerical Staff						
Commercial Travellers						
Employees engaged with woodworking machinery including machinists and machinist's labourers						
Others (specify)						

The total amount of wages, salaries and other earnings paid by me/us during the past twelve months was RO. _____.

If yes, please state:-

Names of Contractors	Full details of work subject (Specify exact, nature of work)	In cases for which the contract is for labour only, state total amount of contract or wages paid	In case for which the contract is for labour and materials state estimated amount of contract.	In case for which contract is for labour materials and equipment, state estimated amount of contract.
		Rs.	Rs.	Rs.
		Rs.	Rs.	Rs.
		Rs.	Rs.	Rs.

Note : The Workmen's Compensation Act, 1923, states that where any person (the "Principal") in the course of or for the purposes of his trade or business contracts with any other person (the "Contractor") for the execution by or under the contractor of the whole or any part of the work which is ordinarily part of the trade or business of the principal, the latter is liable in respect of accident to the Contractor's workmen happening or in or about the premises on which the Principal has undertaken or usually undertakes to execute the work and who are otherwise under his control or management. In such cases the Principal is entitled to be indemnified by the Contractor.

1. Does the above Schedule include
 - (a) All persons in your service ? (a)
 - (b) All your sub Contractors ? (b)

2. Are your premises a Factory within the meaning of the Factory Act ?

3. (a) Do you have any circular saws or other machinery (a) driven by steam, gas, water, electricity or other mechanical power ? If yes give full particulars.

- (b) Are your machinery plant and ways properly fenced and (b) guarded and otherwise in good order and condition ?

4. (a) Is your boiler registered under the Indian Boiler Act, (a) 1923.

- (b) If not, under what conditions it is exempted from such (b) registration.

5. State what acids, gases, chemicals or explosives gases will be used and to what extent ?

6. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your Employees ?
If yes, please give the name/s of the Company or Companies, Policy Nos. & Period.

7. Has any proposal for an insurance in respect of your liability (a) Declined
to your employees or renewal thereof ever been declined or (b) Withdrawn
withdrawn or changed rates, etc. ?(Give Full Details) (c) Changed Terms

8. State the total wages paid and particulars of accidents to your Employees, during the past three years, in the table below :

Year	Total Wages	Fatal		Permanent Disablement		Temporary Disablement	
		Number	Cost	Number	Cost	Number	Cost
	RO		RO		RO		RO
	RO		RO		RO		RO
	RO		RO		RO		RO

Signature of Proposer _____