



**2. CONTRACTORS EMPLOYEE DETAILS (if the coverage has been opted for)\*\***

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance	Place / Places of Employment
Employees drawing monthly wages upto Rs 8,000.				
Employees drawing monthly wages above Rs 8,000.				

\*\* Please attach additional sheets if required.

3. Any additional information or remarks : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Does the above, schedule include : (a) All persons in your service? \_\_\_\_\_  
 (b) All your contractors/ subcontractors? \_\_\_\_\_

5. Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business. \_\_\_\_\_  
 \_\_\_\_\_

6. Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Does your company have a formal written safety program? \_\_\_\_\_  
 Please provide details. \_\_\_\_\_  
 \_\_\_\_\_

8. How often is safety inspection conducted on the premises? Please provide details of the scope of these inspections.  
 \_\_\_\_\_

9. Is there provision for emergency medical help? Please provide details.  
 \_\_\_\_\_  
 \_\_\_\_\_

10. What is the availability of labour welfare measures? Please provide.  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Please provide details of certification for health, safety & environment standards e.g. ISO etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Describe the maintenance conditions of the premises including housekeeping.  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Provide details of any other risk features like training, audits etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Are any employees involved in works in connection with explosives, dangerous or toxic chemicals or asbestos?  
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**D. Claims / Loss experience**

1. What is the claims % (Claim amount as a % of premium paid) over the last 3 years?

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2.State the total Wages paid and particulars of accidents to your employees during the past three years. \*\*

Year (Past 3 years from this date)	Wages Paid	No. of claims & Amount of Loss	Description of claims

\*\* Please attach additional sheets if required.

3. State the total wages paid and particulars of accidents to your contractor's employees during the past three years. \*\*

Year [Past 3 years from this date]	Wages Paid	No. of claims & Amount of Loss	Description of claims

4. Have there been any work place accidents in the past which may not have resulted in a claim? Please detail out below :

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5. After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above?  
 If yes, Please provide details:

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**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, Common Law liability and other covers above mentioned.

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 mis-stated any material fact, that I/We have fairly declared my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and the Liberty Videocon General Insurance Company Ltd.

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form.

I/We also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realizing [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio.

I/We undertake to exercise all statutory, ordinary and reasonable precautions for safety of all the Employees as if they were uninsured.

Date :

\_\_\_\_\_  
 Signature of Proposer