



FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS

Note: If at any time during the Period of Insurance any Employee of the Insured so declared shall sustain Injury by accident arising out of and in the course of his employment in the Business, Indemnity shall be under Law(s) opted for, subject to the terms, exceptions and conditions contained in the Policy wordings or endorsed hereon, upto the Limit of Indemnity against all sums for which the Insured shall be so liable which is agreed by the Insurer and mentioned on the Policy Schedule.

1. Period of Insurance

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
-------------	---	---	---	---	---	---	---	---	-----------	---	---	---	---	---	---	---	---

2. Name of the Proposer (in full)

[illegible]

3. Proposer's business [Correspondence] address

[illegible]

State

Pin code

Telephone no.

Mobile No.

4. Occupation / Profession

[illegible]

5. Risk Location address

[illegible]

State

Pin code

Telephone no.

Mobile No.

6. Particulars of work to be covered in Detail

[illegible]

7. COVERAGE'S REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coveage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. _____	
Medical Expenses:	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	d) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ e) Aggregate liability for all accidents during the Period of Insurance Rs. _____	
Occupational Diseases		f) Limit Per Employee Rs. _____ g) Aggregate liability of the company for all employees during the Period of Insurance Rs. _____	
Contractors Employees		Limit: As per Employees Compensation Act	

ALL PERSONS EMPLOYED MUST BE INCLUDED

* **Wages** means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

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

** Please attach additional sheets if required.

Does the above, schedule include-		(a)
(a) All persons in your service?		(b)
(b) All your contractors/ subcontractors?		
Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.		
Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.		
Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.		
Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?		(a) Declined..... (b) Withdrawn.....
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	Amount of Loss
State the total wages paid and particulars of accidents to your contractors employees during the past three years.**		
Year [Past 3 years from this date]	Wages Paid	Amount of Loss

** Please attach additional sheets if required.

8. 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 theCompany.

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.

☐ I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR
☐ I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

I/we am/are (please tick all that are applicable)

☐ High Net Worth Individual/s ☐ Non Residential Indian/s ☐ Politically Exposed Person/s ☐ Jeweller/s ☐ Non Governmental Organization ☐ Film Actor/s
☐ Producer/s

9. PAYMENT DETAILS :

Premium paid by Cash/ Cheque No _____ Date: DD/MM/YY Bank _____

Amount (Rs.) _____

PAN _____ (if premium payable is above Rs.1 lac (Please attach proof)

Place: _____ Date: _____ Proposer's Signature: _____

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the premium paid is more than Rs 25000/-

10. For Intermediary Use Only

Intermediary's Code:	Intermediary's Name:
Intermediary's Signature :	

SECTION 41. OF 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 whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED

Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai -400013
 Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in
 IRDA Regn. No. 132, CIN - U66030MH2006PLC165287, Service Tax Registration Number: AABCF0191RSD002

