

**Liberty General Insurance Limited**

Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150  
 Unit 1501&1502, 15th Floor, Tower 2, One International Center  
 Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,  
 Phone: +91 226700 1313 Fax: +91 226700 1606  
 Website: www.libertyinsurance.in  
 UIN: IRDAN150RP0032V02201213



**Liberty**  
 General Insurance™

### For Office Use Only

Product Code	Office Address	Office Code	Employee/SM Name	Employee/SM Code
IMD / Agent / Broker Code	IMD / Agent / Broker Name		Mobile No	

## EMPLOYEE'S COMPENSATION POLICY PROPOSAL FORM

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

### PROPOSER DETAIL

Full Name of the Proposer/Organisation (Mr./Ms./Dr./M/S)

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

Permanent Address / GST Reg Address or Corporate Office Address:

Address			
		District	
City		State	
Pincode		Country	

Present Address:

Is your present address same as permanent address?

Yes  No

If no please state your present address along with

Address			
		District	
City		State	
Pincode		Country	

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Nature of Business / Work \_\_\_\_\_

Customer Type:  Individual  Government Co  Public Co  Pvt Co  Partnership Firm/LLP  
 HUF  Trust  Section 8 Co  Cooperative Society  
 Others (Please Specify) \_\_\_\_\_

Whether Proposer /insured is a Non-Profit Organization:  Yes  No

If Yes, please provide Darpan Registration No: \_\_\_\_\_

Business Type:  New Business  Rollover  Renewal  Endorsement  
 Others (Please Specify) \_\_\_\_\_

Proposer DOB (Individual)/ Date of Incorporation: DOB:           DOI:

Nationality:  Indian  Others (Please Specify) \_\_\_\_\_

Residential Status:  Resident Indian  Non-Resident Indian  Others (Please Specify) \_\_\_\_\_

Gender:  Male  Female  Others (Please Specify) \_\_\_\_\_

Occupation (Source of Funds):  Salaried  Professional  Self Employed  
 Others (Please specify) \_\_\_\_\_

Annual Income:  Less than 5 Lacs  Between 5-10 Lacs  Between 10 - 20 Lacs  20 Lacs & a above

My CKYC No(if available)

I \_\_\_\_\_, hereby grant explicit consent to Liberty General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Liberty General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent

Differently Abled Status \_\_\_\_\_

Type of Impairment \_\_\_\_\_

% of Impairment \_\_\_\_\_

UDID no \_\_\_\_\_

Aadhaar/ Driving License/Election Card/Passport/MNREGA Card No \_\_\_\_\_

Pan No.

Form 60 (If Pan is not available)

GST NO

Mobile Number

E-mail ID

Period of Insurance: From:           to

Relationship With Insured (If Insured Other than proposer) \_\_\_\_\_

Politically Exposed Person (PEP): Are you or any of the proposed applicants a PEP\* or Family member/ Close relatives/Associates of PEPs\*?  Yes  No

If yes, please give details (Nature of relationship and position held by PEP): \_\_\_\_\_

\*Politically Exposed Persons” (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

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### Nomination Details /Appointee Details

	Nominee 1	Nominee 2	Nominee 3
Name & Relationship			
DOB	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	%	%	%
Mobile No of Nominee			
Email id of Nominee			
Permanent Address of Nominee			
Present Address of Nominee			
Bank Account Details			
Beneficiary Name			
Bank Name			
Bank Account No			
IFSC Code			
MICR NO			
Branch			

### If the Nominee is minor, Name and Address of Appointee and relationship with Minor.

Appointee Name if in case of Minor Nominee	
Appointee Relationship if in case of Minor Nominee	

### Insurance Requirement

Particulars of work to be covered in Detail:

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What year did the business commence? \_\_\_\_\_

Risk Location address(s) \_\_\_\_\_

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**Additional coverage required:**

Coverage	Scope of coverage	Limit of Indemnity	Coverage Options [Yes/No]
Medical Expenses :	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	Limit Per Employee for any number of accidents during Period of Insurance Rs. _____	
Occupational Diseases			
Contractors Employees		Limit: As per Employees Compensation Act	

**Underwriting Information****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 an employee towards any pension or provident fund or a sum paid to an employee to cover any special expenses entailed on him by the nature of his employment;

**1. OWN EMPLOYEE DETAILS\*\***

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**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 15,000				
Employees drawing monthly wages above Rs 15,000.				

\*\* Please attach additional sheets if required.

**3. Any additional information or remarks:**


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**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.**

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

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

**9. Do you have a medical facility with round the clock doctors, para medical staff and ambulance services ? Please provide details.**

**10. Distance of Hospital (public/private) from work site (in Kilo Meter)**

**11. Number of workers shifts (Specify Single or Multiple)**

**12. What is the availability of labour welfare measures? Please provide.**

**13. Please provide details of certification for health, safety & environment standards e.g. ISO etc.**

**14. Describe the maintenance conditions of the premises including housekeeping.**

**15. Provide details of any other risk features like training, audits etc.**

**16. Are any employees involved in works in connection with explosives, dangerous or toxic chemicals or asbestos?**

**17. Are any employees involved in diving and/ or underwater activities in connection with the business?**

**18. Are any employees involved in works in connection with tunnels/ manholes/ excavation and /or underground works?**

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**19. Identify new operations that will begin in the next 12 months**


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**20. Are you at present insured for Employees' Liability? If so, please provide details of the name of the Company or Companies.**


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**21. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?**


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### Claims / Loss experience

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

\*\* Please attach additional sheets if required

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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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### Premium Details

Amount in Rs		
Instrument Type	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Online Payment <input type="checkbox"/> Others	
Cheque/EFT No.		Date:
Name of the Account holder		
Bank Name		Branch:
Bank Account No:		IFSC Code:
Card Details :	Master / Visa / Rupay	
Credit/Debit Card No.		Expiry Date:

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish :    Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.\*

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### Declaration

- I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and Liberty General Insurance Company
- I the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.
- If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.
- Liberty General Insurance (LGI/Liberty”) will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction
- I/We hereby confirm that all premiums have been/will be paid from Bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds
- I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empaneled third-party vendors
- I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data)
- I wish to avail physical policy document  Yes
- Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

#### For Individual

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

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**For Organization**

Full Name	DOB	Nationality	Address	% Share Holding	PAN	PEP Declaration
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP

**Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled**

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Limited to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in \_\_\_\_\_ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer:

Name of Witness:

Signature of Proposer:

Signature of Witness:

Date:

Place: Relationship with Proposer:

Address of Witness:

**INSURANCE ACT 1938 SECTION 41- 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 or 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 renewing or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer

Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Proposer

Name