

CRESCENT STAR INSURANCE LTD

Nadir House, 2nd Floor, I.I.Chundrigar Road, Karachi-74000.
 PABX: (+92 21) 32415471-3, Fax: (+92 21) 32415474
 Email: info@cstarinsurance.com

WORKMEN'S COMPENSATION PROPOSAL FORM

PROPOSAL No. _____ Policy No. _____

For Insurance Granting Complete Indemnity under the Workmen's Compensation Act. 1923, and subsequent amendments prior to the date of issue of the Policy, Fatal Accidents Act, 1855, and at Common Law.

Proposer's name in full _____

Proposer's business address _____

Proposer's trade or occupation _____

Particulars of Works _____

SCHEDULE ALL PERSONS EMPLOYED MUST BE INCLUDED.

DESCRIPTION OF EMPLOYEES.	Estimated Number of Employees	Estimated Annual Wages, Salaries and Earnings			Coverage required, State Table A, B or C, (see back hereof)	(For Office use only)																					
		Cash	Living Dearness or other allowances and Bonuses	Total		Rate Percent	Contribution																				
(1)	(2)	(3)	(4)	(5)	(6)																						
Clerical Staff.						RS.	: : :																				
Commercial Travellers.						RS.	: : :																				
Employees engaged with woodworking machinery, including machinists and machinists labourers.						RS.	: : :																				
						RS.	: : :																				
						RS.	: : :																				
						RS.	: : :																				
						RS.	: : :																				
The total amount of wages, salaries and other earnings paid by me during the past twelve months was Rs. _____																											
Do you wish to require coverage in respect of liability under the Workmen's Compensation Act. 1923, and subsequent amendments of the said Act prior to the date of issue of the Policy, to the Workmen of Contractors and/or sub-Contractors? (i.e., of "Contractors" as defined in the Act - see note") If so, please state ---- <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of Contractors.</th> <th style="width: 25%;">Nature of work Sublet.</th> <th style="width: 25%;">if Policy for labour and material, state estimated amount of Policy</th> <th style="width: 25%;">in cases for which the Policy is for labour only, state amount of Policy.</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>Rs. _____</td> <td>Rs. _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Rs. _____</td> <td>Rs. _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Rs. _____</td> <td>Rs. _____</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total Contribution</td> </tr> </tbody> </table>								Name of Contractors.	Nature of work Sublet.	if Policy for labour and material, state estimated amount of Policy	in cases for which the Policy is for labour only, state amount of Policy.	_____	_____	Rs. _____	Rs. _____	_____	_____	Rs. _____	Rs. _____	_____	_____	Rs. _____	Rs. _____				Total Contribution
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_____	_____	Rs. _____	Rs. _____																								
			Total Contribution																								
						Rs.																					

1. Does the above schedule include (a) All persons in your service? (b) All your sub-contractors?	(a) (b)																																						
2. Are your premises a Factory within the meaning of the Factory Acts?																																							
3. (a) Have you any circular saws or other machinery driven by steam, gas, water, electricity, or other mechanical power? If so, give full particulars? (b) Are your machinery, plant and ways properly fenced and guarded and otherwise in good order condition?	(a) (b)																																						
4. (a) Is your Boiler registered under the Boiler Act, 1923? (b) If not under what conditions is it exempted from such registration?	(a) (b)																																						
5. State what acids, gases, chemicals or explosives will be used and to what extent?																																							
6. Are you at present insured/covered or have you ever proposed for an insurance/Takaful Policy in respect of your liability to your employees? If so, please give the name of the Company or Companies.																																							
7. Has proposal for an insurance/Policy of Takaful in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined (b) withdrawn																																						
8. State the total wages paid and particulars of accident to your employees and diseases incidental to their occupation, during the last three years.	<table border="1"> <thead> <tr> <th rowspan="2">Year</th> <th rowspan="2">Total Wages</th> <th colspan="2">Fatal</th> <th colspan="2">Permanent Disablement</th> <th colspan="2">Temporary Disablement</th> </tr> <tr> <th>Settled No Cost</th> <th>Outstad. No.Estme</th> <th>Settled No Cost</th> <th>Outstad. No.Estme</th> <th>Settled No Cost</th> <th>Outstad. No.Estme</th> </tr> </thead> <tbody> <tr> <td>20.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> </tr> <tr> <td>20.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> </tr> <tr> <td>20.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> <td>RS.....</td> </tr> </tbody> </table>	Year	Total Wages	Fatal		Permanent Disablement		Temporary Disablement		Settled No Cost	Outstad. No.Estme	Settled No Cost	Outstad. No.Estme	Settled No Cost	Outstad. No.Estme	20.....	RS.....	RS.....	RS.....	RS.....	RS.....	RS.....	RS.....	20.....	RS.....	RS.....	RS.....	RS.....	RS.....	RS.....	RS.....	20.....	RS.....	RS.....	RS.....	RS.....	RS.....	RS.....	RS.....
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DECLARATION

- I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the Company of any material alterations to these facts occurring during the currency of this Policy.
- I/We desire to effect a coverage in terms of the Policy against my/our Statutory and Common Law liability* and under Table C of the tariff.
- I/We have fairly estimated my/our total wages and salaries expenditure. I/We agree to render, at the end of each period of coverage, a statement in the form required by the Company of all wages actual paid and to pay contribution on any wages paid in excess of the amount estimated above.

Signed at: _____

Signature of the Proposer _____

Dated:-

* Delete if not required.

D	D	M	M	Y	Y	Y	Y
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*The Workmen's Compensation Acts State that where any person (the "Principal") in the course of or for the purposes of this trade or business contract with any other person (the "Contractor") for the execute on by or under the Contractor of the whole or any part of the work which is ordinary part of the trade or business of the Principal that the later is liable in respect of accident to the Contractor's Workmen happening on, in or about the premises on which the principal has undertaken or usually undertakes to execute the work or which are otherwise under his control management. In such case the principal is entitled to be indemnified by the Contractor.

RATES OF CONTRIBUTION WILL BE QUOTED ON RECEIPT OF COMPLETED PROPOSAL FORM.