EMPLOYEES COMPENSATION INSURANCE PROPOSAL FORM



IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for EMPLOYEES COMPENSATION INSURANCE POLICY. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE: Intermediary Name:										Intermediary Code:																
Business Channel: ☐ Agency ☐ Bar								Banc	nca Corporate/Broking Direct																	
RM/SP Name:										RM/SP Code:																
RM	RM/SP Contact No:									GSTN: If applicable																
POSP PAN (if applicable)																										
1.	1. Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y																									
2.	2. Name of the Proposer (in full)																									
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3.	Propo	ser's	busir	ness	Co	rres	ona	ence	j add	ress																
Stat																		Pin	code	9						
Telephone no. Mobile No.																										
4. (Occupation / Profession																									
5.	Risk 1	Location address																								
State																		Pin	code	9						
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6.]	Partio	culars	of w	ork t	o b	e cov	ered	l in I	Detai l																	
			mber																							
	erage		_	E'S REQUIRED Scope of coverage							Aggr	egat	e Lin	nit of	Inde	emni	tv					Coveage Options				s
				2270 02 00 02 09							•									[Yes/No]						
Employees Compensation				Subject otherwise, to the terms,							Limit: As per															
				conditions & Exclusions of the							Employees Compensation Act															
				Policy, the amount of liability																						
Con	nmon		incurred by the Insured. Subject otherwise, to the terms,						2 :	a) Limit Per Employee for any number of accidents																
001	Common Law			conditions & Exclusions of the							during Period of Insurance									CIICS						
				Policy, the amount of liability							Rs															
				incurred by the Insured, but not																						
			exc	exceeding:							b) Limit Per Accident for any number of															
										Employees Rs																
											110											1				

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			arising ther	c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs.							
Medical Expenses:	conditions Policy, the	& Exclusions of the amount of liability the Insured, but not	d) Limit I during Perio	ts							
	exceeding:		e) Aggreg Period of Ir Rs.								
Occupational Diseases			f) Limit I	f) Limit Per Employee Rs							
			employees	g) Aggregate liability of the company for all employees during the Period of Insurance							
Contractors Employees			Limit: As p	Limit: As per Employees Compensation Act							
	S EMPLOY	ED MUST BE INC		Compensatio	п Аст		L				
privilege or bene concession or a	efit which is contribution er any specia	capable of being est a paid by the employ al expenses entailed of	imated in mone yer of a emplo	ey other than byee towards	a travelling allowan	ce or t	Business and includes he value of any trave fund or a sum paid				
Description of	Employees	Declared N Employees	umber of		ared wages during of insurance.	Places of Employmen					
CONTRACTOR	RS EMPLOY	EE DETAILS [if the	coverage has l	peen opted for	r]**						
Contractors Na	me R	egistered Address	Declared Employees	Number of	Total Declared wages during the period of insurance.						
						d oi	Limployment				
						a oi	Employment				
** Please attack	additional s	sheets if required				d of	Employment				
** Please attach		theets if requried.				d of	Employment				
Does the above (a) All person (b) All your o	e, schedule in ns in your ser contractors/ s	aclude- rvice? subcontractors?		nufacturer's		d oi	Employment				
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PAY	IENT DETAILS:
Mod	of Payment
Payı	ent Details
Amo	unt in (₹)
Date	of Payment (DD/MM/YY)
PAN	(If premium is 1 Lac and Above.)
GST	N (If more than one GSTIN, kindly
attac	an annexure with details)
	Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account a NEFT if the premium paid is more than Rs 10,000/-
_	ARATION: The hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
ii.	I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
iii.	I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law. OR
	"I/We hereby confirm that the premium payment have been paid by, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."
iv.	I/we am/are (please tick all that are applicable) □ High Net Worth Individual/s □ Indian/s □ Politically Exposed Person/s □ Seweller/s □ Non-Governmental Organization □ Film Actor/s
v.	I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
vi.	I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/agency/person liable for legitimate utilization of the submitted information/data.
vii.	I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I also consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.
	Proposer's Signature: Place: Date:
pro	to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this osal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a ical copy, you may tick on this box \square
I, the B include propo- also, mater	termediary Use Only, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of oker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, ng the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the er that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, een explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of al facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount the policy may be forfeited by FGIICL.
	of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:
	ediary's Code:
Interr	ediary's Signature:

ANTI MONEY LAUNDERING

FGIICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

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 liable for a penalty which may extend to Ten Lakh Rupees.



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