

AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

**PROPOSAL FOR WORKMEN'S
COMPENSATION INSURANCE**

IMPORTANT: Please answer all questions. Failure to disclose material facts could result in your policy being invalidated. Material facts are those points which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose such fact also.

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

GENERAL INFORMATION (Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate)

1. Full name of proposer(s) including Trading Name (if any)					
2. Postal Address					
3. NIC/Passport No./ Business Registration Number		Preferred language of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Sinhala	Tamil	English
4. VAT Registration Number		SVAT Reg No			
5. Contact details	Home		Office		Mobile
	E-mail				Fax
6. Location of site(s) where employees are working, if different from postal address					
7. Full description of business, trade or occupation					

8. Period of cover required from

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 to

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. How long have you been in business? years

10. In respect of the covers to which this proposal relates and any business in which you or any of your partners or directors are/have been engaged :

Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms? Yes No

If 'Yes', give details

11. Please give below details of accidents to your employees in the course of their employment during the last 3 years

Fatal			Permanent Disablement		Temporary Disablement	
Year	Number	Amount Paid Rs.	Number	Amount Paid Rs.	Number	Amount Paid Rs

12. SCHEDULE OF EMPLOYEES TO BE COVERED

ALL PERSONS AFFECTED BY THE WORKMEN'S COMPENSATION LAWS MUST BE INCLUDED

CATEGORIES OF EMPLOYEES	ESTIMATED NUMBER OF EMPLOYEES	MONTHLY PAYMENT/ SALARY	ESTIMATED ANNUAL EARNINGS		
			PAYMENT IN CASH RS.	VALUE OF PRIVILEGES RS.	TOTAL EARNINGS RS.

Does the above include all persons employed by you? Yes No
 If "No" please give the reasons .

In addition to payment in cash, earnings are to include the monetary value of any privilege such as foodstuff supplied, housing, etc. but not to include any traveling allowances or the value of any traveling concessions or the Employer's contribution towards any provident fund/ pension scheme or a sum paid to a workman to cover any special expenses entitled on him by the nature of his employment.

13. (a) Are your premises in a good state of repair and in accordance with statutory requirements of Municipal or other Local Body ? Yes No
 (b) Are the ways, works, plant and machinery properly fenced, lit and guarded and otherwise in good order and their condition in accordance with statutory requirements? Yes No
14. Will (a) boilers, steam containers and other pressure vessels (b) lifts, hoists and cranes and, (c) all other machinery, be regularly inspected and maintained to satisfactory requirements? Yes No

If you have answered 'No' to 13 (a) , 13 (b) or 14, please give details

15. Have you ever been prosecuted under the Factories Ordinance or other statute or regulations ? If 'Yes', give details Yes No

16. Please state whether your workmen:
- (a) Handle any power-driven machinery? Yes No
 (b) Use woodworking machinery including circular saws? Yes No
 (c) Are engaged in tank cleaning, pile driving, bridge or tunnel building or demolition of work involving scaffolding Yes No

- (d) Carry out work on ships, dams, reservoirs, docks, harbors, underground or underwater? Yes No
- (e) Handle acids, chemicals, gas or radio-active substances? Yes No
- (f) Are employed in any work involving the handling or use of explosives? Yes No
- (g) Work underground on scaffolding or involve demolition work? Yes No

If you have answered 'Yes' to any of the above, please give details

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17. Please state whether you provide transport for your employees to and/or from work Yes No
If "Yes", please give details

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18. (a) Please state the maximum depth below ground level at which the workmen will be employed
- (b) Please state the maximum height above ground level at which the workmen will be employed

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19. Do you wish to insure your liability to the 'workmen of your contractors'? Yes No
If 'Yes', complete the following:

Name of Contractor	Nature of work sub-let	Estimate Number of Workmen	Amount of labor and materials, contracts, etc. Rs.	Amount of labor only contracts. Rs.

20. Do you wish to extend the policy to cover SRCC Yes No
21. Do you wish to extend the policy to cover Terrorism Yes No

DECLARATION

I/we the undersigned desire to effect an insurance as above stated in terms of the Policy to be issued by the Company. I/We agree to keep a proper record of earnings and render at the end of each period of insurance, a statement in the form required by the Company of all earnings and to pay premium on any earnings paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/we have read and checked are true, that I/we have not suppressed, misrepresented or misstated any material fact, that I/we have fairly estimated my/our total earnings, expenditure and I/we agree that this declaration shall be the basis of the contract between me/us and Allianz Insurance Lanka Limited.

I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me/us here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited / Allianz Life Insurance Lanka Limited.

I/We hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited to verify the authenticity of the particulars relating to me/us as holder/holders of National Identity Card/s via the information system of the Department of Registration of Persons or any other validation method/system as applicable from time to time .

Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

Data Privacy

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ AllianzLife Insurance Lanka Limited official website <https://www.allianz.lk/data-privacy-notice.html> prior to signing of this form/ application/ document.

Day Month Year

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Signature of the Proposer

