



UNITED INDIA INSURANCE COMPANY LIMITED
24, WHITES ROAD, CHENNAI – 600 014.

PROPOSAL FORM FOR WORKMEN MEDICARE POLICY

1. Name of the Proposer
2. Proposer's Business Address
3. Proposer's Trade or Occupation

Particulars of Work :

SCHEDULE
ALL PERSONS EMPLOYED MUST BE INCLUDED

Description of Employees	Estimated Number of Employees
1	2
Workmen drawing monthly wages up to Rs.4000/-	
Clerical Staff	
Commercial Travellers	
Employees engaged with woodworking machinery including machinists and machinists labourers	
Others (specify)	
Workers drawing monthly wages over Rs.4000/-	
Clerical Staff	
Commercial Travellers	
Employees engaged with woodworking machinery including machinists and machinist's labourers	
Others (specify)	

1. Does the above Schedule include?
 - a) All persons in your service?
 - b) All your sub Contractors?
2. Are your premises a Factory within the meaning of the Factory Act?
3. Are you at present insured or have you ever proposed for an Insurance in respect of your liability to your Employees?
If yes, please give the name/s of the Company or Companies, Policy Nos. & Period.
4. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn or changed rates, etc.?(Give Full Details)
 - (a) Declined
 - (b) Withdrawn
 - (c) Changed Terms
5. State the total wages paid and particulars of accidents to your Employees, during the past three years, in the table below :

Year	No. of workers	Fatal		Permanent Disablement		Temporary Disablement	
		Number	Cost	Number	Cost	Number	Cost
			Rs.		Rs.		Rs.
			Rs.		Rs.		Rs.
			Rs.		Rs.		Rs.

6. Sum Insured Opted for per person* (please tick): 50,000 100,000 150,000

**Please note that all workers covered under the policy will have the same sum insured.*

I/We hereby declare that all the above Statements is and particulars which I/We have read over 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 wages and salaries expenditure, and I/We agree that this declaration shall be the basis of the contract between me/us and the United India Insurance Company Limited.

Signature of Proposer _____

- Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.
2. If space is found insufficient, please attach separate sheets for details.
 3. Insurance is the subject matter of solicitation.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

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 the whole 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 rebates 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.

FOR OFFICE USE -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for ___years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer/A/AO-D

ACCEPTED BY	DATE & TIME	RATE	REMARKS
CODES - OFFICE /DEV. OFFICER / AGENT /BROKER- COLLECTION / SCROLL NO		POLICY NO.	