



NITOL INSURANCE COMPANY LIMITED

HEAD OFFICE : Nitol Centre , 71, Mohakhali C/A, Dhaka-1212
 TEL: 9857247-8, 9853083-4 Fax:880-2-8826184

POLICY NO.....

PROPOSAL for Complete Indemnity under the Workmen's Compensation Act and subsequent amendments of the said Act, prior to the date of the issue of the Policy Indian Fatal Accidents Act and at Common Law.

Proposer's Name in full.....

Proposer's Business Address.....

Proposer's Trade or Occupation.....

Particulars of Work.....

SCHEDULE
ALL PERSONS EMPLOYED MUST BE INCLUDED

DESCRIPTION OF EMPLOYEES [1]	Estimated Number of Employee [2]	ESTIMATED ANNUAL WAGES, SALARIES AND OTHER EARNINGS			Insurance required state Table A.B. or C. of prospectus [6]	Place or Places of Employment															
		CASH [3]	Living or other allowances [if any] [4]	TOTAL [5]																	
Clerical staff																
Commercial Travellers.																
Employees engaged with wood-working machinery including machinists and machinists labourers.																
Other Employees.																
																
<p>The total amount of wages, salaries and other earnings paid by me during the past twelve months was Tk..... Do you wish to insure your liability to the workmen of sub contractors?..... If please state-</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Name of Contractors Nature of work sublet.</td> <td style="width: 25%; border: none;">If contract for labour and materials state estimated amount of contract.</td> <td style="width: 25%; border: none;">In cases for which the contract is for labour only state amount of contract.</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">Tk.....</td> <td style="border: none;">Tk.....</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">Tk.....</td> <td style="border: none;">Tk.....</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">Tk.....</td> <td style="border: none;">Tk.....</td> <td style="border: none;"></td> </tr> </table>						Name of Contractors Nature of work sublet.	If contract for labour and materials state estimated amount of contract.	In cases for which the contract is for labour only state amount of contract.		Tk.....	Tk.....		Tk.....	Tk.....		Tk.....	Tk.....	
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.....	Tk.....	Tk.....																			
.....	Tk.....	Tk.....																			
.....	Tk.....	Tk.....																			
1. Does the above schedule include-																					
(a) All person in your service?.....																					
(b) All your sub-contractors?.....																					
2. Are your premises a Factory within the meaning of the 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 and condition?																					
4. (a) Is your Boiler registered under the Indian Boiler Act,1923.																					
(b) If not, under what conditions is it exempted from such registration?																					
5. State what acids, gases chemicals or explosives will be used and to what extent.																					
6. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Branch.																					
7. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?																					
8. State the total wages paid and particulars of accidents to your employees during the past three years.																					

	Total Wages	Fatal		Permanent Disablement		Temporary Disablement	
		No.	Cost	No.	Cost	No.	Cost
20	Tk.....	.....	Tk.....	.....	Tk.....	.....	Tk.....
20	Tk.....	.....	Tk.....	.....	Tk.....	.....	Tk.....
20	Tk.....	.....	Tk.....	.....	Tk.....	.....	Tk.....

I/We, the undersigned, this.....day of.....20.....desire to effect an insurance in terms of the Policy to be issued by the Company against my/our liability as above mentioned, I/We agree to render, at the end of each period of insurance, a statement in the form required by the Company, of all wages actually paid, and to pay premium on any wages pay in excess of the amount estimated above. I/We hereby, declare that all the above statements 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 **Nitol Insurance Company Limited**.

Signature of Proposer.....

The following classes of business are transacted-
FIRE, MARINE, MOTOR, FIDELITY GUARANTEE, BURGLARY, WORK MEN'S COMPENSATION, PERSONAL ACCIDENT AND SICKNESS, ERECTION ALL RISKS, CONTRACTOR'S ALL RISKS, BOILER AND PRESSURE VESSEL, CASH-IN-TRANSIT, CASH-ON-COUNTER, CASH-IN-SAFE, MACHINERY BREAKDOWN, DETERIORATION OF STOCK, OVERSEAS MEDICLAIM, ALL RISKS, LIFT, HOTEL OWNER'S, INDUSTRIAL ALL RISKS.

Your policy may be extended on the following scales to provide for the payment of medical, surgical and hospital expenses (including cost of transport to Hospital) incurred.

Limit Tk.50/- per case 20%
additional premium
Limit Tk.75/- per case 25%
additional premium
Limit Tk.100/- per case 30%
additional premium

If you wish us to extend your policy please advise on which scale you require the cover.

PROPOSAL FORM
FOR
**WORKMEN'S
COMPENSATION
INSURANCE**



**NITOL INSURANCE
COMPANY LIMITED**

**Head Office : Nitol Centre ,
71, Mohakhali C/A, Dhaka-1212,
Bangladesh.**

EMPLOYER'S LIABILITY INSURANCE

Policies are granted by the COMPANY indemnifying Employers under any of the following tables:-

TABLE-A Indemnity against legal liability for accidents to employees under the Workmen's Compensation Act.1923, and subsequent amendments of the said Act, prior to the date of issue of the policy, the Indian Fatal Accidents Act,1855, and at Common Law.

TABLE-B Indemnity against legal liability under the Indian Fatal Accidents Act,1855 and at Common Law only.

TABLE-C Indemnity against legal liability as under Table A or Table B above and in cases of injury for which no legal claim can be made.

PREMIUMS are based upon the merits of each Proposal, but rates for any particular trade will be quoted on application. The proposal form should be completed, and the wages for the different classes of workmen should be estimated separately.

Acceptance of this Proposal is subject to the rates and regulations of the Association's Tarrifs lodged with the Superintendent of Insurance.

THE POLICY issued is entirely free from all vexatious conditions and provides a complete indemnity.

THE INSURED is also relieved of a great deal of detail work in the matter of rendering returns of accidents to the authorities as this is undertaken without charge by the Company by special arrangement with the Commissioner for Workmen's Compensation.