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	Number	Estimated Annual Earnings
Does the schedule above include		
(a) Permanent workers	.....	.....
(b) Temporary or casual labourers	.....	.....

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Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power.	YES	NO
If YES, please furnish details: .....		
(i) Does the machinery have safeguards to prevent accidents to workers?	YES	NO
(ii) Are the workers provided with necessary safety gadgets like gloves, goggles, shields for welding etc?	YES	NO
(iii) Does the supervisor check whether these are used by workers	YES	NO
(b) Are your machinery, plant and ways properly spaced and kept in good working order and condition?	YES	NO

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State what acids, gases, chemicals, dust or explosives will be used and to what extent? .....

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Do all or some of the workers to be covered under this policy have any other Accident Insurance?	YES	NO
If yes, please give details .....		

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**DECLARATION**

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be the basis of and incorporated in, the Contract between me/us and the Company, and shall be promissory. I/We further agree to accept insurance on the terms and conditions set forth in the Company's Policy.

**Date/Stamp:** .....

**Signature:** .....

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**No liability is undertaken until this Proposal has been accepted by the Company except to the extent of any Official Cover Note issued by the Company.**