NITOL INSURANCE COMPANY LIMITED



Police Plaza Concord: Tower-2 (6th Floor), Plot-2, Road-144, Gulshan-1, Dhaka-1212, Bangladesh, Phone: 880-2-55045202-05, 880-2-55045210, Fax: 880-2-55045206,

E-mail: info@nitolinsurance.com, Web: www.nitolinsurance.com

POI ICV	NO	
PULICI	13()	

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 Indi	an 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	Estimated	ESTIMA	TPLOYED MO FED ANNUAL AND OTHER	WAGES,	Insurance required state	Place or Places of Employment
[1]	Number of Employee	CASH [3]	Living or other allowances [if any] [4]	TOTAL [5]	Table A.B. or C. of prospectus	
Clerical staff						
Commercial Travellers. Employees engaged with wood-working machinery						
including machinists and machinists labourers. Other Employees.						
The total amount of wages, salaries and other earnings paid by me during the past twelve months was Tk						
Does the above schedule incl (a) All person in your service (b) All your sub-contractors Are your premises a Factory (a) Have you any circular say mechanical power? if so, give full particulars (b) Are your machinery, plan and condition?	within the mean ws or other mach s. t and ways prop	ing of the Acts? ninery driven by erly fenced and	steam, gas wate			•
4. (a) Is your Boiler registered u (b) If not, under what conditi	ons is it exempte	ed from such re	gistration?	ant.		

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any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?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	Total Fatal		Permanent Disablement		Temporary Disablement	
	Wages	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			
Signature	JI F10D08e1	٠.		

The following classes of business are transactedFIRE, 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.

PROPOSAL FORM FOR

WORKMEN'S

COMPENSATION

INSURANCE



NITOL INSURANCE COMPANY LIMITED

Police Plaza Concord: Tower-2 (6th Floor), Plot-2, Road-144, Gulshan-1, Dhaka-1212,

EMPLOYER'S LIABILITY INSURANCE

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

TABLE-A Indemnity against legel 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 legel 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.