

PROPOSAL FOR WORKMEN'S COMPENSATION INSURANCE

1. Proposer's Full Name			
2. N.I.C No.			
3. Postal Address			
4. Business or Profession			
5. Registration No			
How long have you been in business			
Places of work			
5.1 Are the premises in a good state of repair and in accordance with statutory requirements and/or local authority requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.2 Are the ways,works,plant and machinery properly fenced and guarded and otherwise in good order and condition and in accordance with statutory requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.3 Will boilers,steam containers and other pressure vessels lifts,hoists and cranes and all other machinery be regularly inspected and maintained according to statutory requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.4 If your answer is "No" to 5.1,5.2 or 5.3 please give details:			
6. Period for which insurance is required	From	To	
7. Have you ever been prosecuted under the Factories ordinance or other statute or regulations? If yes. Please give details :			
8. Please indicate "Yes" or "No" as applicable.			
8.1 Handle power driven Machines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.2 Use woodworking Machines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.3 Are employed in work involving chemicals,asbestos,gas,radio active materials or explosions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.4 Employed in tank cleaning, bridge building, tunnel building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.5 Work on heights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. 9.1 Earnings of employees <u>Note</u> * Earnings include payment in cash, monetary value of any privileges (e.g., food supplied, housing, accommodation, etc.), other than traveling allowance or the value of any traveling concession or a contribution paid by the employer towards any pension or provident fund or a sum paid to cover any special expenses entailed on him by the nature of his employment.			
*Group together employees whose occupations are similar by reference to exposure to risk. Also, if a class includes trainees or apprentices.			

* All Employees (permanent, temporary, or casual) coming within the provisions of the Workmen's Compensation Ordinance 1934 and subsequent amendments must be included below.

* If you wish to include also other employees, please specify.

9.2 Schedule

Class of employees	Nature of Duties	Estimated Number	Estimated Annual	Total Earning	For Office use
			Payments in cash Rs.	Value of non cash benefits Rs.	
1 Clerical Staff					
2 Commercial Travellers					
3.Wood Working Machinists					
4.Drivers & Cleaners					
5					
6					
7					
8					

9.3 Have you indicated all Workmen under your employment in the above schedule?	
---	--

9.4 If you wish to insure your liability to the workmen of contractors and subcontractors, please give details below.

[illegible]

10.1 If you are at present insured, please give policy number and name of insurer	
10.2 If any insurer has ever declined your proposal, refused to renew your policy, or cancelled any such insurance, please give details	

11. Particulars of accidents to your employees in the course of their employment during the past three years:						
Year	Fatal		Permanent Disablement		Temporary Disablement	
	No	Liability Rs	No	Liability Rs	No	Liability Rs

12. Are you a resident of Sri Lanka Resident ☐ Non-Resident ☐
If "Non- resident" Address of resident country

12.1 Are you citizen of another country Yes ☐ No ☐
12.2 If "Yes" the country

12.3 Passport Number
<https://peoplesinsurance.lk/privacy-policy/> Privacy Policy of People's Insurance PLC, accessible at

13. Identification of politically Exposed persons

13.1 Are you or any of your immediate family member or closed associate is politically exposed person (PEP) Yes ☐ No ☐
13.2 If "Yes" please specify

"Politically exposed person" PEP, means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a head of state or a Government, a Politician, a Senior Government Officer, Judicial Officer or Military Officer, a Senior Executive of a State Owned Corporation, Government or autonomous body but does not include middle rank or Junior rank individuals;

Declaration

- I/We wish to insure with People's Insurance PLC (the Company) in the usual form for this class of insurance.
- I/We declare that to the best of my/our knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he/she acted as my/our agent for such purpose.
- I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company.
- I/We understand and agree that the proposal will be effective only if the company has accepted it.
- I/We understand and agree that the policy is subject to the premium warranty clause.
- I/We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at <https://peoplesinsurance.lk/privacy-policy/> . If you need a hardcopy of the Privacy Policy of People's Insurance PLC, please call 0112-206306 or email pilassist@peoplesinsurance.lk
- I/We agree to promptly notify the Company of any alterations or changes to the information provided herein.

..... Date Signature
Business Channel	

