



**ICICI Lombard is one of the largest private sector general insurance company in FY2024.**

- Gross written premium of **₹247.76 Billion**
- Over **36.2 Million** policies issued to customers
- **2.9 Million** claims settled


### Pan India Presence

 **312**  
Branches

 **917** Virtual  
Offices

 **13,000**  
Garages

 **10,425**  
Hospitals

<b>ICICI LOMBARD GIC LTD</b> <b>WORKMEN'S COMPENSATION INSURANCE</b>  Quote Number: (4010/IP-04783238/000)	
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Proposer Details:		Policy Details:	
Name of the Proposer	GIRNALE ENGINEERING	Months	6
Agent/Broker	GANESH BAPURAO AUTADE(IM-2112821)	Location of the Proposer	AURANGABAD, MAHARASHTRA
No.of Workers	4	Industry Type	OTHERS
Entry age limit:	As per WC Act	Intermediary	GANESH AUTADE
Nature of activity	Engineering workshop & Fabrication works (up to 9 meters)	Date	11/09/2024
Premium Details:		Policy Coverages:	
Gross Premium	2060.10	Table A coverage	Covered
Stamp Duty	1.03	Medical Extension Cover	Covered
Goods & Service Tax	370.82	Occupational diseases	Not Covered
<b>Total Premium Payable</b>	<b>2432</b>	Terrorism	Not Covered
		Sub contractor Coverage	Covered
		Compressed Air Disease Extension	Not Covered
		*Premium value mentioned above is inclusive of taxes applicable. Quote is valid for 45 days only and is liable to change with any change in the information.	

**Conditions:**

Policy is issued on unnamed basis.  
Medical expenses covered upto Rs.1,00,000  
Subcontractor of the contractor are covered under this policy

**Exclusion**

Any employment compensation in excess of the actual sum insured for workmen compensation ordinance (not to apply in respect of common law awards).  
Underground and/or underwater mines and/or underground services in connection therewith. However, this exclusion shall only apply where more than 20 people are working at the same location at any one time.  
Subaqueous work (underwater work).  
Quarries, where explosives are used.  
Contractors engaged exclusively in wrecking or demolition of building and/or scrap metal merchants.  
Aircraft crews in respect of flight risk. However, this exclusion shall not apply to aircraft which are set aside for non fare paying executive use and which are crewed by six persons or less.  
Ship crews other than on inland vessels or on vessels operating within territorial waters. However, this exclusion shall not apply to a vessel crewed by six persons or less.  
Fire bridges other than those formed privately for loss prevention purposes.  
Service in any kind of armed forces (including, but not limited to military, police, security services).  
Operation of railways, other than sidings.  
Employees employed on a permanent basis in USA and/or Canada.  
Professional sports team.  
Fire crackers manufacturing activity  
Losses suffered in the course of manufacturing and /or supplying and/or producing storing, filling, breaking down, transporting:- (a) Fireworks, ammunition, fuses, cartridges, powder, nitro-glycerine, or any explosives. (b) Gases and/or air under pressure in containers. (c) Butane, methane, propane, and other liquefied gases. (d) Celluloid and pyroxylin. (e) Petrochemicals and also chemicals of a toxic (as defined under India's Public Liability Act 1991), noxious, explosive and/or highly flammable nature. (f) Asbestos and/or asbestos products. (It is understood and agreed, however, that the storage, transport and/or handling if any of the substances above mentioned other than f) which is merely incidental to the operation and/or trade of the Insured not otherwise excluded, is covered.)  
Losses suffered on or in connection with offshore rigs.

Any compensation in medical extension expenses if the injured is hospitalized for more than 12 month due to an accident as per the coverage opted in WC policy

Pandemics/epidemics as declared by WHO and / or Government of India

WC PROPOSAL (4010/IP-04783238/000)

**Proposer's Information**

Proposer Name	GIRNALE ENGINEERING
Address Of Insured	
Location of Corporate Office	MAHARASHTRA

**Contact Details**

Proposer/HR Name	
Proposer/HR Contact No.	
Proposer/HR Email ID	

**Risk Details**

Period of Insurance:	FROM: 11/09/2024 To: 10/03/2025
Number of persons to be insured:	4
Total Sum Insured:	360000
Policy Type	Unnamed
Working Months	6

**Wage Details**

Job Profile/Nature of Work	Number of Workers	Salary/Person /Month	Industry Type Category	Industry Type Sub Category	Risk Classification Code
Workers	4	15000	Engineering workshop & Fabrication works (up to 9 meters)	NA	157
<b>Total Lives</b> 4		<b>Total Sum Insured (Rs.)</b> 360000			

**Extensions**

Medical Extension Cover	Medical expenses covered upto Rs.1,00,000
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**Market Rollover(Previous Claims)**

UW YEAR	PREVIOUS INSURER NAME	PREVIOUS POLICY YEAR	PREVIOUS POLICY NO	POLICY EFFECTIVE FROM	POLICY EFFECTIVE TO	PREVIOUS POLICY PREMIUM	NO OF LIVES	Death Claim (Paid + Outstanding) (a)	PTD/PPD/TTD (Paid + Outstanding) (b)	Medical Expense (Paid + Outstanding) (c)	Total (a+b+c)

**Reimbursement Details**

Name of Payee	
Payee Contact Number	
Mode of Payment (EFT/ Cheque /DD)	
Bank Name (if Mode of Payment is EFT)	
Account Number (if Mode of Payment is EFT)	
Account Holder's Name (if Mode of Payment is EFT)	
Branch Name (if Mode of Payment is EFT)	
IFSC Code (if Mode of Payment is EFT)	
MICR Code (if Mode of Payment is EFT)	
Dispatch Address with PIN code (if Mode of Payment is DD / Cheque)	
DD in Favor of (if Mode of Payment is DD)	
DD Payable Location (if Mode of Payment is DD)	
Risk location address	

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 Statutory and Common Law 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 paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars, which I/We have read over checked, are true that I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated my/our total wages, salaries and expenditure and value on Board. I/We agree that this declaration shall be the basis of the contract between me/us and the .. ... ..Company.

Place: _____	Proposer's Signature: _____
Date: _____	Name: _____ Designation: _____

**GUIDELINES FOR COMPLETION OF THE FORM**

1. Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
2. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by the proposer or any one action on his behalf to obtain any benefit under this policy.

**Note:**  
Coverage of risk is subject to realization of premium by the Company. Insurance coverage under the policy will commence only on realization of full premium, receipt of complete reports (wherever applicable) and subject to underwriting approval by the company. In case premiums not realized by the Company due to any reason, company shall not be on cover and contract of insurance shall be treated as void ab-initio. Excess payment, if any, will be refunded without any interest on receipt of required documents as necessary or will be utilized in future policy issuance.

**STATUTORY WARNING  
PROHIBITION OF REBATES**

Section 41 of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015

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|--|---|
| <ol style="list-style-type: none"> <li>1</li> <li>2</li> </ol> | <p>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 or 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 rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.</p> <p>Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.</p> |
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**ICICI Lombard General Insurance Company Limited**

<b>IRDA Regn. No. 115</b>	<b>CIN: U67200MH2000PLC129408</b>	<b>Toll Free No: 1800-2666</b>
<b>Mailing Address:</b>	<b>Registered Office:</b>	<b>Alternate No: +918655222666 (chargeable)</b>
601 & 602, 6th Floor, Interface 16, New Linking Road, Malad (West), Mumbai - 400064	ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025	<b>Email: customersupport@icicilombard.com</b> <b>Website: www.icicilombard.com</b>



## An App for all your insurance and wellness needs

Avail health assistance for any second opinion or expert suggestions 

24\*7 access to doctors on phone for quick consultation and emergencies 

Book a doctor's appointment from our network and order prescribed medicine on a cashless basis subject to cashless OPD coverage 

Track wellness and habits like number of steps taken, sleep hours, water intake, time spent sitting etc. 

Avail claims reimbursement by uploading scanned copy of your medical expenses 

Call for emergency ambulance across 30 cities\* 

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Chat with our expert on stress management, diet, nutrition, and get insights on latest health practices. 

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**IL Take Care**  
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## Risk Management solutions for SMEs

- Customized electrical risk assessment and IR thermography suited to SME needs
- Comprehensive risk assessment to cover all potential hazards
- Automated solutions for monitoring the existing fire hydrant and sprinkler systems
- New age, easy to operate and affordable fire extinguishing solutions



## Fire Safety Guidelines for Commercial Buildings

### DO's

- Clearly mark the location of fire extinguishers, manual control points, alarm facilities and know how to operate them
- Know your evacuation plan, emergency contact numbers, nearest assembly point and perform mock drills
- Keep every exit, passageway and discharge free from obstructions
- Test smoke detectors, fire alarms panel and emergency lighting systems at regularly
- Keep emergency first aid kit maintained and handy
- If you encounter smoke during fire emergency, stay low and keep a wet cloth covering your nose

### DON'Ts

- Leave appliances unattended during cooking
- Tamper smoke detectors, fire alarms and / or hang anything from sprinkler heads or pipes
- Use lift for evacuation and keep fire doors open
- Use naked flame and halogen lamps near combustibles
- Fight out when not trained in firefighting and ignore instruction of security

Website: [www.icicilombard.com](http://www.icicilombard.com) | Toll Free No. **1800 2666**

\*Available basis policy T&C.

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