

EMPLOYEES COMPENSATION INSURANCE

EMPLOYEE COMPENSATION INFORMATION SHEET		
<b>1. Insured:</b>	S. K. ENTERPRISES	
<b>2. Address:</b>	PLOT NO 60, DIV- 8 & 10, INDUSTRIAL AREA, NIT FARIDABAD, FARIDABAD HARYANA 121001	
<b>3. Business:</b>	Engineers not otherwise classified	
<b>4. Turnover:</b>	₹ 100,00,000	
<b>5. Coverage :</b>		
5(a)	Employee's Compensation Act, 1923 and subsequent amendments there of prior to the date of issue of this Policy	As per Statute
5(b)	Common Law	a) Limit Per <b>Employee</b> for any number of accidents during the <b>Period of Insurance</b> is as per actuals
		b) Limit Per Accident for any number of <b>Employees</b> is as per actuals
		c) Aggregate Limit for all accidents and claims arising there from during the <b>Period of Insurance</b> is as per actuals

6. Details of Employees Covered :

Nature of work done by Employees	Description	Declared number of Employees	Declared Wages 5 months 29 days during the Period of Insurance (Rs.)	Place/Places of Employment	Contractors Employees (Only if Yes)	
					Number of Employees	Wages per employee per month
Engineers not otherwise classified - Incl. work away from shop or yard upto 9 mtrs height -	LABOUR	10	890322.580 645161	ANYWHERE IN INDIA,,ANYWHERE IN INDIA	10	15000

7. Claims/ Accident History (Year of claim, Claims Details and Amount of Claim):

No

For Name of the Company

Place:

\_\_\_\_\_

Date :

\_\_\_\_\_

\_\_\_\_\_



EMPLOYEES COMPENSATION INSURANCE

Authorised Signatory

Service Tax Registration No: AABCH0738EST004

The contract will be cancelled ab intio in case; the consideration under the policy is not realized.

## EMPLOYEES COMPENSATION INSURANCE

Employee Compensation Quotation	
<b>INSURED</b>	: S. K. ENTERPRISES
<b>ADDRESS</b>	: PLOT NO 60, DIV- 8 & 10, INDUSTRIAL AREA, NIT FARIDABAD, FARIDABAD HARYANA 121001
<b>BUSINESS</b>	: Engineers not otherwise classified
<b>TURNOVER</b>	: ₹ 100,00,000
<b>COVER</b>	: Indemnity against legal liability to all employees (whether or not coming within the definition of the term Employee) under the following Laws.
<b>COVER LAWS</b>	: Table A : Employee's Compensation Act, 1923
	Table B : Common Law
<b>TOTAL ESTIMATED WAGES</b>	: A - Employee's Compensation Act, 1923:   As per Statute
	B - Common Law :
	a) Limit Per <b>Employee</b> for any number of accidents during the <b>Period of Insurance</b> is as per <b>actuals</b>
	b) Limit Per Accident for any number of <b>Employees</b> is as per <b>actuals</b>
	c) Aggregate Limit for all accidents and claims arising there from during the <b>Period of Insurance</b> is as per <b>actuals</b>
<b>JURISDICTION</b>	: India
<b>PERIOD</b>	: <b>From</b> : TBA
	<b>To</b> : TBA
	5 months 29 days from date of receipt of premium
	00:01 A.M. standard time at the Named Insured's Mailing Address shown above
<b>INTEREST</b>	: All employees of the insured covered as declared below:

EMPLOYEES COMPENSATION INSURANCE

	:	Nature of work done by Employees	Description	Declared number of Employees	Declared Wages 5 months 29 days during the Period of Insurance (Rs.)	Place/ Location of Employment.	Contractors Employees (Only if Yes)	
							Number of Employees	Wages per employee per month
	:	Engineers not otherwise classified - Incl. work away from shop or yard upto 9 mtrs height -	LABOUR	10	890322.58 0645161	ANYWHERE IN INDIA,,ANYWHERE IN INDIA	10	15000
<b>PREMIUM</b>	:	Premium			₹ 7,278			
	:	18% GST			₹ 1,310			
	:	<b>Total Premium</b>			<b>₹ 8,588</b>			
	:	The premium charged is on provisional basis based on estimated wages declared for period of insurance and will be adjusted against the actual wages/salaries paid at the end of policy period.						
<b>PRINCIPAL EXCLUSIONS/CONDITIONS</b>	:	<b>Standard HDFC ERGO EC Wording (Form No. EC-13-0004) and the following conditions/exclusions -</b>						
	:	. Any liability of the insured which attaches by virtue of an agreement but which would not have attached in the absence of such agreement.						
	:	. All employees of the Insured to be included without selection.						
	:	. Insured's liability to employees of contractors to the Insured.						
	:	. Arbitration Clause.						
	:	. Jurisdiction Clause.						
	:	. Communicable Disease Exclusion.						
	:	. Medical Expenses -			<VAL> Aggregate			



**EMPLOYEES COMPENSATION INSURANCE**

	. Medical Expenses Extension -	₹ 30,000 Per Person	
	. Occupational Diseases Exclusion		
	. Policy to cover the contracted and sub contracted employee for ANYWHERE IN INDIA Location		
<b>PRODUCER</b>	:	Not Applicable	
<b>OTHER TERMS &amp; CONDITIONS</b>	As per our standard Employee's Compensation Policy.		
<b>NATURE OF WORK DONE BY EMPLOYEES</b>		<b>CLASSIFICATION NUMBER</b>	<b>ENDORSEMENT NUMBER</b>
Engineers not otherwise classified - Incl. work away from shop or yard upto 9 mtrs height -		157	237
<p><b>CONTINGENCIES:</b></p> <p>The above quote is expressly contingent upon receipt, review and acceptance of the subjectivities listed below. We must receive all of the items identified below on or before the Quotation Expiration date shown below. If all of these items are not received and approved by us on or before this date, this quote will automatically expire without further action or notice.</p> <ol style="list-style-type: none"> <li>1. Completed Application Signed and Dated by the Insured</li> <li>2. PAN Card Copy duly signed by an authorized signatory with company stamp</li> <li>3. No known or reported losses or circumstances of loss</li> </ol> <p>The foregoing quotation for coverage is subject to modification or withdrawal by the Company if, before the proposed inception date, any new, corrected or updated information becomes known which relates to any proposed Insured's claims history or risk exposure or which could otherwise change the underwriting evaluation of any proposed Insured, and the Company, in its sole discretion, determines that the terms of this quotation are no longer appropriate.</p> <p>Quotation Expiration: 30 Days from 25-NOV-22</p> <p>If you have any questions, please call Underwriter</p>			