

**QUESTIONNAIRE FOR WORKMENS COMPENSATION / EMPLOYERS LIABILITY (WC/EL) INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Insured** | **:** |  |  |
| O **Individual** O **Company** |  |  |  |
| **Address** | **:** |  |  |
|  |  | **Telephone Number** | **:** |
|  |  | **Fax Number** | **:** |
| **Contact Person** | **:** | **Name:** |  |
|  |  | **Designation:** |  |
|  |  | **Mobile Number:** |  |
|  |  | **Email id:** |  |
| **Nature of Business** | **:** |  |  |
| **Location Type** | **:** | O **Office** |  |
|  |  | O **Residential (Flat / Villa)** |
|  |  | O **Shop** |  |
|  |  | O **Warehouse** |  |
|  |  | O **Factory** |  |
|  |  | O **Tower with multiple occupancy** |
|  |  | O **Others (Please specify)** |
| **Project (if any, please specify)** | **:** |  |  |
| **Period of insurance** | **:** |  |  |
| **Total No. of employees to be** |  |  |  |
| **Covered** | **:** |  |  |
| **Sum Insured / Wages details :** | (Currency in \_\_\_\_\_\_\_\_\_\_\_) |



|  |  |  |  |
| --- | --- | --- | --- |
| **Category / Designation** | **No.** | **Estimated Annual** |  |
| **Wages** |  |
|  |  |  |
|  |  |  |  |
| Administrative Staffs |  |  |  |
|  |  |  |  |
| Engg Tech (specify whether site visits etc) |  |  |  |
|  |  |  |  |
| Marketing / Drivers |  |  |  |
|  |  |  |  |
| Labour |  |  |  |
|  |  |  |  |
| Others (Specific to your business) |  |  |  |
|  |  |  |  |

**Limit of Employer’s Liability :**

**Territorial limits** **:**

**Jurisdiction** **:**

**Claims experience (for 3 years):**

**Note: In case of claim Name of the employees (injured person), Salary Details and Terms of contract to be provided**