



**POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE**

<b>Insured's Name</b>	: VANASHREE FARMERS PRODUCER COMPANY LIMITED		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO92961756	<b>Office Code</b>	: AHMEDNAGAR D.O. 151800 (151800)
<b>Address</b>	: PLOT NO 52/01,52/2, NANDRKHEDA TEH SHAHADA DIST NANDURBAR  PRAKASHA ,MAHARASHTRA, 425422	<b>Address</b>	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
<b>Phone No</b>	:	<b>Phone No</b>	: 02412321538 / 02412329761
<b>E-mail/Fax</b>	: PATILJAYVANT@REDIFFMAIL.COM, /	<b>E-mail/Fax</b>	: nia.151800@newindia.co.in / 02412341439
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27AAFCV3793F1Z0 / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 15180036210100000112	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 15/11/2021 02:40:57 PM To: 14/05/2022 11:59:59 PM	<b>Dev.Off level./Broker/Corp. Agent/Web Aggregator</b>	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
<b>Date of Proposal</b>	: 15-Nov-21	<b>Agent/Bancassurance/S pecified Person</b>	:
<b>Prev. Policy no.</b>	:	<b>Phone No</b>	: 02402350377, 9850049400 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
22355	4024	26379	RUPEES TWENTY-SIX THOUSAND THREE HUNDRED SEVENTY-NINE ONLY	1518008121000000870 1 - 16/11/21

**Details of Employees with monthly wages upto ₹ 15000:**

Categories	Sub Categories	No of Employee	Cash Total Wages

**Details of Employees with monthly wages above ₹ 15000:**

Categories	Sub Categories	No of Employee	Cash Total Wages
Cotton Ginning and pressing Factories and Presses	Other Regions	25	2300000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
Cotton Ginning & pressing	Skilled & Unskilled Employees, Commercial travelers :-25	VANASHREE FARMERS PRODUCER COMPANY LIMITED, PLOT NO 52/01,52/2, NANDRKHEDA TEH SHAHADA DIST NANDURBAR	

**Contractor/Sub-Contractor Details:**

Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	



**Extensions under the Policy Cover**

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	₹200000	NA
Special Conditions	NA	

Special Exclusions	NA
Special Excess/Deductible	NA

**The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.**

Clauses	Description
Conditions	Due observance and fulfilment of terms, conditions and endorsements of policy
Conditions	The Company may cancel Policy by sending seven days notice by registered letter
Conditions	Name of every employee with amount of wages, earnings shall be properly recorded
Conditions	No payment shall be made by or on behalf of Insured without consent of Company
Conditions	Remedy available to the insured if the company disclaims liability
Conditions	The insured shall take reasonable precaution to prevent accidents and diseases
Conditions	Notice or communication under this policy shall delivered in writing to Company
Conditions	The Policy and the Schedule shall be read together as one contract
Conditions	liability being otherwise admitted
Conditions	In the event claim, Insured shall give notice to Company with full particulars
Exclusions	Any accident, loss or legal liability arising from nuclear weapons material
Exclusions	Death, injury caused directly or indirectly by ionising radiation or contamination by radioactivity
Exclusions	Any legal liability of whatsoever nature
Exclusions	Any sum which the insured would have been entitled to recover from any party but for an agreement between insured and such party
Exclusions	Liability of the insured which arises by virtue of an agreement
Exclusions	Any employee who is not a workman within the meaning of the Law(s)
Exclusions	Insureds liability to employees of their contractors
Exclusions	Any injury or disease directly attributable to war or war-like situations
Exclusions	Damage to any property or any Consequential losses

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 22355.00
SGST	9	2012
CGST	9	2012
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 16th day of November, 2021.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 16/11/2021		
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Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt number \_\_\_\_\_ dt. \_\_\_\_\_.



Tax Invoice No : 15180021P0010592

**IRDA Registration Number: 190**