



POLICY SCHEDULE FOR MONEY INSURANCE

| Insured's Name | : | TIRUPATI COTTON INDUSTRIES | | | | |
|-------------------|---|---|------------------------|---|---|--|
| Insured's Details | | | Issuing Office Details | | | |
| Customer ID | | PO92835375 | Office Code | | AHMEDNAGAR D.O. 151800 (151800) | |
| Address | : | MOREGAON ROAD, WALUR, TQ- SELU DIST-PARBHANI | Address | : | ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001 | |
| | | SAILU ,MAHARASHTRA, 431503 | | | | |
| Phone No | : | | Phone No | | 02412321538 / 02412329761 | |
| E-mail/Fax | : | tciwalur@gmail.com, / | E-mail/Fax | : | nia.151800@newindia.co.in / 02412341439 | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | |
| GSTIN/UIN | : | 27AAFFT3242C1ZI / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | |

| Policy Details | | | | | | |
|---|----|---|--|---|---|--|
| Policy Number : 15180048210300000027 Business Source Code | | | | | | |
| Period of Insurance | : | From: 09/11/2021 04:17:03 PM To: 08/11/2022 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent/Web Aggregator | : | JAINUINE INSURANCE BROKERS PVT. LTD (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) | |
| Date of Proposal | : | 09-Nov-21 | Agent/Bancassurance/S pecified Person | : | | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA | |
| Client Type | 1: | Non-Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, // | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date | |
|------------|--------|----------|---|-------------------------------------|--|
| 8001 | 1440 | 9441 | RUPEES NINE THOUSAND FOUR HUNDRED FORTY-ONE ONLY | 1518008121000000833 9 - 10/11/21 | |

| Money in safe (during and after business hours) | | : | 5000000 | |
|---|---|---|---------|--|
| Money in Till | | : | 5000000 | |
| SI. No. | Location & Address | | | |
| 1 | Tirupati Cotton Industries | | | |
| | Moregaon Road, Walur, Tq- Selu Dist-Parbhani | | | |
| 2 | FACTORY,BANKS,RESIDENCE OF ALL PARTNER / PROPRIETOR/ DIRECTOR | | | |

| SECTION - 1 | | | | | | | |
|-------------|--|---|--|---|--|--|--|
| SI. No. | Sub Sections | Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts | Single Carrying Limits for - Foreign Currency | | | | |
| 1. | Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds premises from the time the cash is received at the bank by the insured or the authorized employee/ s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the insured to provide for such cash are covered in transit from the premises to the Bank. | 5000000 | 0 | 0 | | | |
| 2. | Section 1 B - Money (other than described in 1A above) in the personal custody of the insured or the authorized employee/s of the insured whilst in direct transit between the premises and the bank or post office and vice versa | 5000000 | 0 | 0 | | | |

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| 3. | Section 1 C - Money (other and 1B above) collected by custody of the insured or the employee/s of the insured was premises or hank within a part 48 hours from the time of coversa | and in the personal e authorized whilst in transit to the eriod not exceeding | 5000000 | 0 | 0 | | |
|---------------------|--|---|-----------------|--|--|--|--|
| Limit o | ver the Policy period ated Annual Turnover) | : 100000000 | | | | | |
| Option | al Covers | | Sum Insured | (₹) | | | |
| SRCC C | | | NOT OPTED | | | | |
| Terrori | sm | | NOT OPTED | | | | |
| Diele De | -t-!l- | | | | | | |
| Risk De | | ich manay will ha canyay | od | 30 | 10 | | |
| 2. | Maximum distance over wh | | eu | 300 AUTHORIZED EMPLOYEE OR OWNER | | | |
| 3. | Details of employees handl | пу мопеу | | | | | |
| 4. | How is money carried Mode of Transport | | | BAGS,TRUNKS,SUITCASE WITH LOCK | | | |
| 4. 5. | Details of armed guards or | any other protection | | PUB/PVT/HIRED VEH WA NO | | | |
| 6. | Details of money kept outsi | | | | | | |
| 7. | Is the safe where money is | | floor | SAFE CONSISTS OF WOODEN,STEEL CUBOARD | | | |
| 8. | By whom are the keys held | kept, lixed to the Walls of | 11001 | No BY OWNER OR AUTHORISED EMP | | | |
| 9. | Are all the keys removed ou | itside husiness hours | | No | | | |
| <u>J.</u> | Are an are keys removed of | ALSIAC BASINESS HOURS | | 114 | O | | |
| Special | l Conditions | : Cash Will Be Carried Radius To Insured P DIRECTOR/ PARTNER | remises, Bank | r And Any Authorized Em , ALL FACTORIES,BANKS, OR vice varsa | ployees Within 100 KMS RESIDENCE OF ALL | | |
| Excess | 1 | : 0 | | | | | |
| | olicy shall subject to MONEY IN | ISURANCE policy clauses a | | | | | |
| Premiun | n | | Rate of Tax | Amount in INR ₹ 8001.00 | | | |
| SGST | | | 9 | 720 | | | |
| CGST | | | 9 | 720 | | | |
| IGST | | | 0 | 0 | | | |
| | ess whereof the undersigned (their) hand(s) on this 10th d | | the Insurers ar | nd on behalf of the Insurer | s has (have) hereunder | | |
| | | | | For and on The New India Assurar | | | |
| Date of | f Issue: 10/11/2021 | | | Duly Constitute | ed Attorney(s) | | |
| | nkDtc rdt Star | | | der Number | _vide receipt | | |

Tax Invoice No: 15180021P0010131

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IRDA Registration Number: 190