



NEW INDIA BHARAT SOOKSHMA UDYAM SURAKSHA POLICY UIN-IRDAN190RP0011V02202021

1. Insured's Details:

| Insured Name | : | NAVIN COTEX | E-mail Id/Fax | : | NAVINCOTIX@GMAIL.COM, / |
|--------------|----|-----------------------------|---------------|---|-------------------------|
| Customer ID | : | PO89121878 | PAN No. | : | |
| Address | | SILLOD DIST AURANGABAD | GSTIN/UIN. | : | 27AAIFN3467E1Z6 / NA |
| | | SILLOD ,MAHARASHTRA, 431112 | | | |
| Phone No. | 1: | | | | |

2. Issuing Office Details:

| Office Name | : | AHMEDNAGAR D.O. 151800 (151800) |
|-----------------|---|---|
| Office Code | : | 151800 |
| Address | : | ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001 MAHARASHTRA, 414001. |
| Phone No. | : | 02412321538 / 02412329761 |
| E-mail Id/Fax | : | nia.151800@newindia.co.in / 02412341439 |
| S.Tax Regn. No. | : | AAACN4165CST178 |
| GSTIN | : | 27AAACN4165C3ZP |
| SAC | : | 997137 (Other property insurance services) |

3. Policy Details:

| Policy Number | : | 1518001122800000041 |
|--------------------------------------|-----|---|
| Period of Insurance | | From: 18/04/2022 12:00:01 AM To: 17/06/2022 11:59:59 PM |
| Date of Proposal | : | 18-Apr-22 |
| Prev. Policy no. | | 0 |
| Client Type | • | Non-Corporate Non-Corporate |
| Business Source Code | • | |
| Dev.Off level./Broker | • | Jainuine Insurance Brokers Pvt.Ltd (SI00028623), |
| Agent/Bancassurance/SPECIFIED PERSON | : | |
| Phone No. | ••• | 02402350377, 9850049400 / NA |
| E-mail Id/Fax | : | kailash@jainuineinsurance.co.in, // |

4. Collection Particulars:

| Premium | : | 10499 |
|--------------------|---|---------------------------------|
| GST | : | 1890 |
| Total (₹) | : | 12390 |
| Receipt No. & Date | | 15180081220000000345 - 13/04/22 |

5. Policy Level Covers:

| Description of Property | •• | As per Block Details | per Block Details | | | | | |
|--------------------------------|----|----------------------|-------------------|--|--|--|--|--|
| Location Address with Pin Code | | As per Block Details | per Block Details | | | | | |
| Risk Description | | As per Block Details | | | | | | |
| Sum Insured | | ₹ 20000000 | 20000000 | | | | | |
| Risk Serial No |) | | IIB Risk Code | | | | | |
| 1 | | | 4002 | | | | | |

6. Block Details:



Building, Contents & Stocks or Building Contents & Stocks on Declaration basis is selected:

| SI N o. | Address with Pin | Building superstru cture | Plinth & | Basemen t & | Furniture , Fixture & Fittings | Plant & Machiner y | Other Contents Details | Other Contents SI | Stocks held in trust | Stocks in process | Stocks |
|---------------|---|--------------------------------|----------|----------------|--------------------------------------|--------------------------|------------------------------|-------------------------|----------------------------|-------------------|---------|
| 1 | Y N WHERE HOUSE, GOD NO 2, GUT NO 289, BHARADI ROAD, SILLOD.DIST AURANGABAD 431112 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2000000 |

| SI No. | Location Address with Pin Code | Type of Construction - Walls | Type of Construction - Floor | Type of Construction - Roof | | |
|--------|--|---------------------------------|---------------------------------|--------------------------------|--|--|
| 1 | Y N WHERE HOUSE, GOD NO 2, GUT NO 289, BHARADI ROAD, SILLOD.DIST AURANGABAD 431112 | Pucca | Pucca | Pucca | | |

7. Additional Covers:

a) Built-in Covers:

| Cover Name | Opted or Not |
|--|--------------|
| Additions, alterations or extensions | Yes |
| Temporary removal of stocks | Yes |
| Cover for specific content | Yes |
| Start-up expenses | Yes |
| Professional fees | Yes |
| Removal of debris | Yes |
| Costs compelled by Municipal Regulations | Yes |

| Cover Name | Opted or Not | Sum Insured | | |
|----------------|--------------|-------------|--|--|
| Floater Add-on | NO | 0 | | |

b) Add-on Covers:

| Cover Name | Opted or Not | Sum Insured |
|--------------------|--------------|-------------|
| Declaration Add-on | NO | 0 |

| 8.Sum In | sured Summary : | | |
|----------|--|---|-----------------|
| Sl. No. | Asset Description | | Sum Insured (₹) |
| 1. | Building superstructure Sum Insured | : | 0 |
| 2. | Plinth & foundation Sum Insured | : | 0 |
| 3. | Basement & Additional Structures Sum Insured | : | 0 |
| 4. | Furniture, Fixture & Fittings Sum Insured | : | 0 |
| 5. | Plant & Machinery | : | 0 |
| 6. | Other Contents Sum Insured | : | 0 |
| 7. | Stocks held in trust Sum Insured | : | 0 |
| 8. | Stocks in process Sum Insured | : | 0 |
| 9. | Stocks Sum Insured | : | 20,000,000 |
| | Total Sum Insured | : | 20,000,000 |

| 9. Terrorism/EQ/STFI: | | | | | | | | |
|-----------------------|---|-----|--------------------|---|-----|--------------|---|-----|
| Terrorism Covered | : | Yes | Earthquake Covered | : | Yes | STFI Covered | : | Yes |



| 10. Hypothecation Details : | | | | |
|-----------------------------|------------------------|--|--|--|
| Sl.No. | Name of the Financiers | | | |
| 1 | S.B.I BR SENDHWA | | | |

| 11. Coinsurance Details : | | | | | | | | |
|---------------------------|------------------|---------|-------------|---------|---------------|--|--|--|
| SI.No. | Coinsurance Type | Company | Office Code | % Share | Premium Share | | | |
| 1 | NOT OPTED | | | | | | | |

12. Subjectivities:

| The insurance under this policy is su | bject | . 10 |
|---------------------------------------|----------|---|
| Special Conditions | : | godowns Stock, on stock of f p cotton bales only whilst stored or lying in the godowns only |
| Special Warranties | : | NA |
| Special Exclusion | : | NA |
| Clauses | : | (1) Terrorism Clause (2) Agreed Bank Clause (3) Architects ClauseUpto 5% of the claim amount for reasonable fees of architect, Surveyor,Consulting Engineer (4) Removal of Debris ClauseUpto 2% of the claim of the amount for reasonable costs of Removing debris from the site. |
| Risk Covered | <u>:</u> | As per Risk covered attached |
| Fire Products-Exclusions | 1: | As per Exclusions attached |

13. A) Compulsory Deductible: ₹ 5000/- for each claim B) Terrorism Deductibles:

| b) Terrorish Deddedbies. | | | | | | |
|--------------------------|---|---------------|-----------------------------------|--|--|--|
| Nature of Risk | Deductibles (as a % of claim/loss amount) | Minimum Limit | Maximum Limit | | | |
| Non-Industrial | 1 % of claim amount | ₹ 25,000/- | ₹ 10,00,000/- (Rupees 10 Lacs) | | | |
| Industrial | 5 % of claim amount | ₹1,00,000/- | ₹ 25,00,000/- (Rupees 25 Lacs) | | | |

14. Premium Details:

Premium Head Premium Amount (₹)

Net Premium under the policy 10499 : 1890 **GST** Total premium including GST 12390

RUPEES TWELVE THOUSAND THREE HUNDRED NINETY ONLY Total premium including GST(In words)

| remium and GST Details | | | | | | |
|------------------------|-------------|---------------|--|--|--|--|
| | Rate of Tax | Amount in INR | | | | |
| Premium | | ₹ 10499.00 | | | | |
| SGST | 9 | 945 | | | | |
| CGST | 9 | 945 | | | | |
| IGST | 0 | 0 | | | | |

In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 13th day of April,2022.

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



For and on behalf of The New India Assurance Company Limited

Date of Issue: 13/04/2022

Duly Constituted Attorney(s)

Tax Invoice No: 15180022P0000495

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C