



## POLICY SCHEDULE FOR MONEY INSURANCE

| Insured's Name | :                 | SATNAM TRADING COMPANY.                       |                        |          |   |
|----------------|-------------------|---|------------------------|----------|---|
|                | Insured's Details |   | Issuing Office Details |          |   |
| Customer ID    | :                 | PO91911152                                    | Office Code            | :        | AHMEDNAGAR D.O. 151800 (151800)   |
| Address        | :                 | 45, C-3, TOWN CENTRE NO1, CIDCO<br>AURANGABAD | Address                | :        | ABBOT BUILDING, 2ND FLOOR,<br>NEAR ASHOKA HOTEL, KINGS ROAD,<br>AHMEDNAGAR,414001 |
|                |                   | AURANGABAD ,MAHARASHTRA,<br>431001            |                        |          |   |
| Phone No       | :                 |   | Phone No               | <u>:</u> | 02412321538 / 02412329761   |
| E-mail/Fax     | :                 | sukhmanicotton@gmail.com, /                   | E-mail/Fax             | :        | nia.151800@newindia.co.in / 02412341439   |
| PAN No         | :                 |   | S.Tax Regn. No         |          | AAACN4165CST178   |
| GSTIN/UIN      | :                 | 27ABMPR7332P1ZS / NA                          | GSTIN                  | :        | 27AAACN4165C3ZP   |
|                | :                 |   | SAC                    | :        | 997139 (Other non-life insurance services excl RI)                                |

| Policy Details                       |   |   |  |   |   |  |  |  |
|--------------------------------------|---|---|--|---|---|--|--|--|
| Policy Number : 15180048210300000023 |   |   |  |   |   |  |  |  |
| Period of Insurance                  | : | From: 02/11/2021 02:35:42 PM To: 01/11/2022 11:59:59 PM | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web Aggregator | : | JAINUINE INSURANCE BROKERS PVT.<br>LTD (DA3388757)<br>JAINUINE INSURANCE BROKERS<br>PVT.LTD. (SI00028623) |  |  |  |
| Date of Proposal                     | : | 02-Nov-21   | Agent/Bancassurance/S pecified Person                  | : |   |  |  |  |
| Prev. Policy no.                     | : |   | Phone No   | : | 02402350377, 9850049400 / NA  |  |  |  |
| Client Type                          | : | Non-Corporate   | E-mail/Fax   | : | kailash@jainuineinsurance.co.in, //   |  |  |  |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words)                                      | Receipt No. & Date                  |
|------------|--------|----------|---|-------------------------------------|
| 20001      | 3600   | 23601    | RUPEES TWENTY-THREE<br>THOUSAND SIX HUNDRED ONE<br>ONLY | 1518008121000000822<br>0 - 08/11/21 |

| Location Details                                | : | SATNAM TRADING COMPAN 45, C-3, TOWN CENTRE NO1, CIDCO, AURANGABAD AURANGABAD, MAHARASHTRA, 431001 |
|---|---|---|
| Money in safe (during and after business hours) | : | 5000000   |
| Money in Till                                   | : | 5000000   |

| SECTION | SECTION - 1  |   |  |   |  |  |  |  |  |
|---------|--|---|--|---|--|--|--|--|--|
| SI. No. | Sub Sections   | Single Carrying Limits<br>for - Cash/Coin/<br>Travelers Cheques/<br>Bank drafts | Single Carrying Limits<br>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 |  |  |  |  |  |

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



| 3. Section 1 C - Money ( other than described in 1A and 1B above ) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or hank within a period not exceeding 48 hours from the time of collection and vice versa |  | 0 | 0 |
|--|--|---|---|
|--|--|---|---|

| Limit over the Policy period<br>(Estimated Annual Turnover) | : | 250000000 |
|---|---|-----------|
|---|---|-----------|

| SECTION - II   |    |          |  |
|--|----|----------|--|
| Total money in safe (during and after business hours) held per annum | :  | 5000000  |  |
| Total money in Till  | •• | 5000000  |  |
| Total Sum Insured for Sec.II   | :  | 10000000 |  |

| Optional Covers | Sum Insured (₹) |
|-----------------|-----------------|
| SRCC Cover      | NOT OPTED       |
| Terrorism       | NOT OPTED       |

| Risk | Details  |  |
|------|--|--|
| 1.   | Maximum distance over which money will be conveyed           | 500  |
| 2.   | Details of employees handling Money                          | Cash carried by Any Employee of the Company. |
| 3.   | How is money carried   | BAGS, SUITCASE WITH LOCK OR WI               |
| 4.   | Mode of Transport  | ANY MODE OF TRANSPOR                         |
| 5.   | Details of armed guards or any other protection              | NA   |
| 6.   | Details of money kept outside business hours                 | NA   |
| 7.   | Is the safe where money is kept, fixed to the walls or floor | No   |
| 8.   | By whom are the keys held                                    | NA   |
| 9.   | Are all the keys removed outside business hours              | No   |

| Special Conditions |   | M/S. SATNAM TRADING COMPANY   |
|--------------------|---|---|
|                    |   | 45, C-3, TOWN CENTRE NO1, CIDCO, AURANGABAD AURANGABAD, MAHARASHTRA, 431001 |
| Excess             | : | 1000  |

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

## Premium and GST Details

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 20001.00    |
| SGST    | 9           | 1800          |
| CGST    | 9           | 1800          |
| 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 08th day of November,2021.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 08/11/2021

Duly Constituted Attorney(s)

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



| Mudrank | Dt | consolidated Stamp Fees Paid by Pay Order Number | vide receipt |
|---------|----|--|--------------|
| number  | dt | Stamp Duty under the Policy is ₹1/               |              |
|         |    |  |              |
|         |    |  |              |
|         |    | Tax Invoice No : 15180021P0009955                |              |
|         |    |  |              |
|         |    | IRDA Registration Number: 190                    |              |