



### MARINE CARGO OPEN POLICY

**Preamble**

WHEREAS the ASSURED named in the schedule hereto have represented to THE NEW INDIA ASSURANCE COMPANY LIMITED (hereinafter called company) that they are interested in or duly authorized to make the insurance mentioned and have paid or agreed to pay the premium hereinafter stated THE COMPANY HEREBY PROMISES AND AGREES with the assured, their Executors, Administrators and assigns that the company will insure against loss damage liability or expenses subject to Clauses, Endorsement, Conditions and Warranties contained herein/in the schedule.

Insured Details		Issuing Office Details	
<b>Insured Name</b>	: MORESHWAR GINNING & PRESSING FACTORY		
<b>Customer ID</b>	: PO76587809	<b>Office Code</b>	: DO II AURANGABAD (160500)
<b>Address</b>	: PHULE-PIMPALGAON, TQ MAZALGAON, DIST- BEED BHIR ,MAHARASHTRA, 431122	<b>Address</b>	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
<b>Phone No</b>	: XXXXXX1414	<b>Phone No</b>	: 02402482688 / 02402480985
<b>E-mail/Fax</b>	: moreshwar.ginning20@gmail.com, /	<b>E-mail/Fax</b>	: nia.160500@newindia.co.in/02402486895
<b>PAN No</b>	: AAMFM2246C	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27AAMFM2246C1ZG / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997135 (Marine,aviation and other transport insurance srvc)

Policy Details		Business Source Code	
<b>Policy Number</b>	: 16050021210200000030	<b>Dev.Off. level/Broker/Web Aggregator</b>	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
<b>Period of Insurance</b>	: From: 08/11/2021 03:24:00 PM To: 07/11/2022 11:59:59 PM	<b>Agent/Bancassurance/Spe cified Person/CPSC User</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, //

Co-Insurance Details				
Incoming/Outgoing	Company	Office Code	% of Share	Share
OUT	CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD.	210301_PUNE BRANCH - 1	49	7350
OUT	NEW INDIA ASSURANCE CO. LTD.	DO II AURANGABAD	51	7650

Premium Details					
Premium	GST	Stamp Duty	Total Premium(₹)	Rupees (in words)	Receipt No and Date
15000	2700	1	17701	RUPEES SEVENTEEN THOUSAND SEVEN HUNDRED ONE ONLY	16050081210000004401 - 08/11/21

Journey Details		
Journey From	Journey To	Transport Mode
Anywhere in India To	Anywhere in India.	Rail/Road

**Total Sum Insured (₹)** : Risk 1 :: 50000000  
**Basis of valuation + % Extra for Cargo Sum Insured** : Risk 1 :: CIF + 10  
**Commodity description** : Risk 1 :: Cotton FP Bales and Cotton Seeds  
**Packaging description** : Risk 1 :: Standard and Customary  
**Single Carrying Limit (₹)** : Risk 1 :: 6500000  
**Limit per any one Vessel (₹)** : Risk 1 :: 0

Policy No. : 16050021210200000030 Document generated by 36776 at 08/11/2021 18:08:20 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Limit per any one Aircraft (₹) : Risk 1 :: 0  
 Limit per Registered Post (₹) : Risk 1 :: 0  
 Limit per location (₹) : Risk 1 :: 50000000  
 Transit By : Risk 1 :: Rail/Road  
 Place of Storage : Risk 1 :: NA  
 Days of Storage : Risk 1 :: NA  
 Risk Covered : Risk 1 :: ITC-A, SRCC,

<b>Excess</b>	: Excess Applicable on - Claim Amount, Excess(%) Claim Amount - .5%
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**Terms of Insurance**

Subject to Open Policy Clause and the following clauses written and attached hereunder, current on date of sailing or dispatch and/or otherwise stated. This Insurance is subject to Important notice, conditions and warranties attached herewith. Also this contract is subject to such regulations as in force at the time of risk on each dispatch/shipment attaches hereunder.

The Declaration should be furnished, in case of imports within 15 days from the date of the shipment or immediately on receipt of shipping documents or before arrival of ship, whichever is earlier, and in case of exports immediately on shipment.

This insurance is to remain in force for a period of 12 months i.e. from 08/11/2021 03:24:00 PM to 07/11/2022 11:59:59 PM unless the Sum Insured is previously exhausted by declaration/certificates.

- 1) Inland Transit (Rail or Road) Clause – A (2010)
- 2) Subject to Duty Insurance Clause
- 3) Subject to Increase Value Clause
- 4) Strikes Riots And Civil Commotions Clause (Inland Transit Not In Conjunction With Ocean Going Voyage)
- 5) Machinery Subject to Clause : Institute Replacement Clause -01.01.34
- 6) Subject To Sellers Interest Clause
- 7) Limit Per Location Clause: Not withstanding anything to the contrary contained in this contract, underwriters liability in respect of any one accident or series of accidents arising from the same event in any one location shall not exceed the Limit Per Location amount stated in the policy/open cover.
- 8) Communicable Disease Exclusion Clause (Cargo) JC2020-011
- 9) Institute Radioactive Contamination Exclusion Clause (1.10.1990)
- 10) Institute Radioactive Contamination Chemical, Biological Biochemical and Electromagnetic Weapons Excl. Clause 10/11/2003 CL 370
- 11) Termination of Transit Clause JC2009/056 01/01/2009
- 12) Subject to Important Notice Clause
- 13) Subject to Sanctions, Limitation & Exclusion Clause JC 2010/014(11.08.2010)
- 14) Subject to Private Carriers Warranty
- 15) Subject to closed vehicle Warranty
- 16) Cargo Termination of Transit (Storage) Clause
- 17) Special Condition: Cover Risk All risk SRCC ITC A Invoice 10 Coverage for Loading and Unloading Each and every consignment should be declared through email on a monthly basis

**Survey & Claim Settlement By**

In Case of IMPORTS/DOMESTICS :  
 Survey : In the event of loss or damage which may result in a claim under this Insurance immediate notice must be given to the Policy Issuing Office or nearest Branch/Divisional Office.

Nearest New India Assurance Company's Office or The Policy Issuing Office

**Claims Payable By:**

Policy Issuing Office

Taxable Value	Rate of Tax	Amount in INR
		₹15001
SGST	9	1350
CGST	9	1350
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



Duly Constituted Attorney(s)

Tax Invoice No : 16050021P0008581

**IRDA Registration Number: 190**