



FIRE DECLARATION POLICY

1. Insured's Details:

| Insured Name | : | PAITHAN MEGA FOOD PARK PRIVATE LIMITED . | |
|---------------|---|--|--|
| Customer ID | : | PO65885662 | |
| Address | : | T GUT NO.121/122/124/125 ETC. AT VILLAGE DHANGAON AND GUT NO.53, 55/1 55/3 ETC. AT VILLAGE WAHEGAON, TQ.PAITHAN, DIST. AURANGABAD NATHNAGAR NORTH ,MAHARASHTRA, 431106 | |
| Phone No. | : | | |
| E-mail Id/Fax | : | gnramdas@nathpaper.com, / | |
| PAN No. | : | GCP0920M | |
| GSTIN/UIN. | : | AAGCP0920M1ZB | |

2. Issuing Office Details:

| Office Name | : | AURANGABAD DO-160400 (160400) | |
|-----------------|---|--|--|
| Office Code | : | 160400 | |
| Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 | |
| Phone No. | : | 02402333572 / 02402333361 | |
| E-mail Id/Fax | : | nia.160400@newindia.co.in / 02402331226 | |
| S.Tax Regn. No. | : | AAACN4165CST178 | |
| GSTIN | : | 27AAACN4165C3ZP | |
| SAC | : | 997137 (Other property insurance services) | |

3. Policy Details:

| Policy Number | ••• | 16040011210200000001 |
|--------------------------------------|-----|--|
| Period of Insurance | •• | From: 31/12/2021 12:00:01 AM To: 30/12/2022 11:59:59 PM |
| Date of Proposal | : | 31-Dec-21 |
| Prev. Policy no. | : | |
| Client Type | : | Non-Corporate Non-Corporate |
| Business Source Code | : | |
| Dev.Off level./Broker | : | JAINUINE INSURANCE BROKERS PVT. LTD (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (Sì00028623) |
| Agent/Bancassurance/SPECIFIED PERSON | •• | |
| Phone No. | | 02402350377, 9850049400 / NA |
| E-mail Id/Fax | : | kailash@jainuineinsurance.co.in, // |

4. **Collection Particulars:**

| Premium | : | 175000 |
|--------------------|---|---------------------------------|
| GST | : | 31500 |
| Total (₹) | : | 206500 |
| Receipt No. & Date | | 16040081210000010150 - 29/12/21 |

Policy Level Covers:

| Description of Property | : | As per Location Details |
|--------------------------------|---|-------------------------|
| Location Address with Pin Code | : | As per Location Details |
| Risk Description | : | As per Location Details |



| Risk Code | •• | As per Location Details |
|-----------------------|----|----------------------------|
| STFI Deletion | •• | NO |
| RSMD Deletion | •• | NO |
| Sum Insured on Stocks | : | As per Sum Insured Summary |

6. Location-wise details:

| Sl.No. | Risk Code | Risk Description | Location Address | Pin Code | District Name | State Name |
|--------|-----------|--------------------------|---|----------|--------------------------|-------------|
| 1 | 32 | Cold Storage premises | Gut No.120,121,122,124, 125,126,127,128 at Village Dhangaon, and Gut No. 53,55 ,56 at Village WahegaonTq. Paithan, Dist. Aurangabad (PIN CODE Wahegaon 431 148) | 431148 | PAITHAN SUGAR FACTORY | MAHARASHTRA |

7. Sum Insured Summary:

| SI. No. | Description of Stocks | Sum Insured (₹) |
|---------|---|-----------------|
| 1 | On Stock of All Raw Materials and Processed Frozen Foods such as Frozen Sweet Corn, Frozen Vegetables and Fruits, Milk, Processed Milk, Ghee, Paneer, Butter, etc. and any other Food Products processed or unprocessed stored in Cold St | 10000000 |

8. Add on Covers Opted:

| SI. No. | Add on Cover | Sum Insured (₹) |
|---------|---|-----------------|
| 1 | Deterioration of stocks in cold storage premises due to accidental power failure consequent to damage at the premises of power station due to an insured peril(Add On 1003) | |
| 2 | Earthquake (Fire and Shock) (Add On 1009) | 10000000 |

9. Terrorism:

| Tarrariam Cayanad | Ι. | NOT OPTED |
|-------------------|-----|------------|
| Terrorism Covered | 1 : | INOT OPTED |

10. Hypothecation Details:

| Sl.No. | Name of the Financiers |
|--------|--|
| 1 | OMPRAKASH DEORA PEOPLES CO-OPERATIVE BAMK LTD., HINGLOW, BRANCH AURANGABAD |

11. Coinsurance Details:

| Sl.No. | Coinsurance Type | Company | Office Code | % Share | Premium Share | |
|--------|------------------|---------|-------------|---------|---------------|---|
| 1 | NOT OPTED | | | | | l |

12. Subjectivities:

| Basis of Declaration | The highest value at risk during the month |
|----------------------|--|
| Dasis of Declaration | The highest value at risk during the month |

The insurance under this policy is subject to

| Warranties | : | N/A |
|--------------|---|--|
| Endorsements | | Endorsement3 - Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril, Endorsement9 - Earthquake (Fire and Shock), |
| Clauses | : | Clause1 - Agreed bank Clause, Clause3 - Designation of property clause, Clause10 - Declaration Clause, |

Policy No.: 16040011210200000001Document generated by 38661 at 29/12/2021 17:29:48 Hours.

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

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| Special Conditions | : | |
|--------------------------|---|------------------------------|
| Risk Covered | : | As per Risk covered attached |
| Fire Products-Exclusions | : | As per Exclusions attached |

13. Deductibles:

(a) Compulsory:-

Sum Insured upto ₹10 Cr per location: 1.

2.

5% of the claim amount subject to a minimum of ₹ 10,000/- each and every loss. Sum Insured above ₹10 Cr per upto ₹ 100Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,000/- each and every loss. Sum Insured above ₹100 Cr per upto ₹ 1500Cr per location: 5% of the claim amount subject to a minimum of ₹ 5,00,000/- each and every loss. Sum Insured above ₹1500 Cr per upto ₹ 2500Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,00,000/- each and every loss.

3.

4.

Sum Insured above ₹2500 Cr per location:

5% of the claim amount subject to a minimum of ₹ 50,00,000/- each and every loss.

(b) Voluntary / Imposed:-

Not Applicable

(c) Terrorism Deductibles:-

| Nature of Risk | Deductibles (as a % of claim/loss amount) | Minimum Limit | Maximum Limit |
|-----------------------|---|---------------|--|
| Shops and Residential | 1 % of claim amount | ₹ 10,000/- | ₹ 5,00,000/- (Rupees 5 Lacs) |
| 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/- (₹ Twenty five Lakhs) |

14. Premium Details:

Premium Head Premium Amount (₹)

Premium for Terrorism Cover

Net Premium under the policy 175000 **GST** 31500 Total premium including GST 206500

Total premium including GST(In words) RUPEES TWO LAC SIX THOUSAND FIVE HUNDRED ONLY

Premium and GST Details

| Premium | : | ₹ 175000.00 |
|---------|---|-------------|
| SGST | 9 | 15750 |
| CGST | 9 | 15750 |
| 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 29th day of December,2021.

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



For and on behalf of The New India Assurance Company Limited

Duly Constituted Attorney(s)

Mudrank ____ Dt. ____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number ____ Dt. ____ Stamp Duty under the Policy is ₹1

Tax Invoice No : 16040021P0015580

IRDA Registration Number: 190