



POLICY SCHEDULE FOR MONEY INSURANCE

Insured's Name	:	MADHAV COTTON PVT LTD				
Insured's Details			Issuing Office Details			
Customer ID	:	PO94135553	Office Code		AURANGABAD DO-160400 (160400)	
Address	:	JATEGAON ROAD GAVRAI DIST BEED GEVARAI ,MAHARASHTRA, 431127	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	
Phone No :		Phone No	Phone No : 02402333572 / 02402333361			
E-mail/Fax	:	SANJAYENTERPRISES2011@GMAIL.C OM, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226	
PAN No	:		S.Tax Regn. No		AAACN4165CST178	
GSTIN/UIN	:	27AACHM3435H1ZG / NA	GSTIN	- I:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details						
Policy Number : 16040048210300000048 Business Source Code						
Period of Insurance	:	From: 04/01/2022 05:34:58 PM To: 03/01/2023 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator I JAINUINE INSURANCE BROKERS LTD (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)		JAINUINE INSURANCE BROKERS	
Date of Proposal	:	04-Jan-22	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(₹)	Premium(₹) GST(₹)		Total (₹ in words)	Receipt No. & Date	
17499	3150	20649	RUPEES TWENTY THOUSAND SIX HUNDRED FORTY-NINE ONLY	1604008121000001052 4 - 05/01/22	

Money in safe (during and after business hours)		:	9900000		
Money in Till		:	9900000		
SI. No.	Location & Address				
1	MADHAV COTTON PVT LTD, JATEGAON ROAD GAVRAI DIST BEED				
2	FACTORY, BANKS, RESIDENCE OF ALL PARTNER / PROPRIETOR.				

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.	9900000	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	9900000	0	0			

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



3.	Section 1 C - Money (othe and 1B above) collected b custody of the insured or t employee/s of the insured premises or hank within a 48 hours from the time of versa	whilst in transit to the period not exceeding	9900000	0	0			
Limit o	over the Policy period ated Annual Turnover)	: 250000000						
Ontion	nal Covers		Sum Insured	(₹)				
SRCC			NOT OPTED	(\)				
Terror			NOT OPTED	<u> </u>				
Risk D								
1.	Maximum distance over wi	•	yed	300				
2.	Details of employees hand	ling Money		OWNER OR AUTHORIZED EMPLOYEE				
3.	How is money carried			BAGS, TRUNKS, SUITCASE WITH				
4.	Mode of Transport			VEHICLE PUBLIC OR PR				
5.	Details of armed guards or			No Security Guard				
6.	Details of money kept outs			Safe Consists of Wooden / Steel Cupboard.				
7.	Is the safe where money is		or floor	No				
8.	By whom are the keys held			OWNER OR AUTHORIZED EMPLOYEE				
9.	Are all the keys removed of	outside business hours		No				
Specia	l Conditions	: Section 1 A ₹ 99,0						
		Section 1 B ₹ 99,00,	,000/- (99 Lakhs)					
		Section 1 C ₹ 99,00,	,000/- (99 Lakhs))				
		Section 2 ₹ 99,00,00	00/- (99 Lakhs)					
Exces	6	: 1000	00, (00 20)					
This P	olicy shall subject to MONEY I	NSURANCE policy clauses	attached herew	vith.				
Premiu	m and GST Details		Data of Tax	Anna according INID				
Premiu			Rate of Tax	Amount in INR ₹ 17499.00				
SGST			9	1575				
CGST			9	1575				
IGST			0	0				
In witr set his	ness whereof the undersigned ((their) hand(s) on this 05th o	being duly authorised by day of January,2022.	y the Insurers an	d on behalf of the Insurers	has (have) hereunder			
Date o	of Issue: 05/01/2022			For and on I				
				Duly Constituted	d Attorney(s)			
	nkDt erdt Sta			ler Numberv	ride receipt			

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Tax Invoice No: 16040021P0016063

IRDA Registration Number: 190