



POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Others)

UIN NUMBER - IRDAN190P0082100001

Insured's Name	:	JAINUINE INSURANCE BROKER'S PVT.I	TD.		
		nsured's Details		lss	uing Office Details
Customer ID	:	PO35200733	Office Code	:	BRANCH AURANGABAD AUTO TIE-UP (160401)
Address	:	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001 AURANGABAD ,MAHARASHTRA, 431001	Address	:	THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003
Phone No	:	XXXXXX9400	Phone No	:	02402485446 / 02402484415
E-mail/Fax	:	kailash@jainuineinsurance.co.in, /	E-mail/Fax	:	nia.160401@newindia.co.in /
PAN No	:	AAICS0826K	S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAICS0826K1Z5 / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

	Policy Details								
Policy Number	Policy Number : 1604013622020000001 Business Source Code								
Period of Insurance	:	From: 02/07/2022 12:00:01 AI 01/07/2023 11:59:59 PM	level/Broker/V	Dev.Off. level/Broker/Web Aggregator/CPSC User:Jainuine Insurance Brokers Pvt. Ltd (DA3388757) 					
Date of Proposal	:	02-Jul-22	Agent/Bancas pecified Perso	ssurance/S	:				
Prev. Policy no.	:	15180036210200000010	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
12800	2304	15104	RUPEES FIFTEEN THOUSAND ONE HUNDRED FOUR ONLY	1000008922060081426 4 - 30/06/22

Details of risk covered under current year policy:

								Deductible s	
Retroactive Date	Jurisdiction	Territory	ΑΟΑ	AOA:AOY	ΑΟΥ	Deductible Type (Amount/Pe rcentage/A mount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada
02/07/202 2	India	India	8000000	1:1	8000000	AMT	0	0	0

Retroactive Dates

									Deductibl es	
Retroactiv e Date Details	Date	Jurisdictio n	Territory	AOA	AOA:AOY	ΑΟΥ	Deductibl e Type (Amount/P ercentage /Amount & Percentag e)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada

Policy No. : 1604013622020000001Document generated by QR_RENEWAL at 30/06/2022 18:06:24 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



RETROA CTIVE DATE 1	02/07/20 08	India	India	8400000 0	1:1	8400000 0	Percenta ge	0	0	0
RETROA CTIVE DATE 2	02/07/20 08	India	India	7250000 0	1:1	7250000 0	Amount	0	0	0
RETROA CTIVE DATE 3	02/07/20 22	India	India	8000000 0	1:1	8000000 0	Amount	0	0	0

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

Description of Business	Address of Business Premises	Compulsory Excess	Voluntary Excess
general insurance broker	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001	NA	0

Details of Business	Address of Business Premises	No of Qualified Person	No of Administrative Staff	Compulsory Excess	Voluntary Excess
general insurance broker	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001	0	0	0	0

Total Annual Fees/Wages Payable	Compulsory Excess	Details of Business	Address of Business Premises	Voluntary Excess
0	NA	general insurance broker	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001	0

Category of Establishment	Unqualified Staff Covered	No of Members	Compulsory Excess	Voluntary Excess
NA	NA	NA	NA	0

SI.No.	Type of Service
1	

Details of Business	Address of Business Premises	Professional Category	Excess	Voluntary Excess
general insurance broker	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001	general insurance broker	25000	0

Extensions under the Policy

Name of the Extension		Sub limit of the Extension		Deductibles of the Extension	
Amount & Percentage of Deductible Type/for Extension		pe/for Extension	Value		
Special Conditions	nt to the minimum	kcess of 0.5% of claim amou : to the minimum of₹ 25000/- enewal of The New India Assurance co Ltd P. no-15180036210200000010 expiry date			
Special Exclusions	NA				

This Policy shall be subject to PROFESSIONAL INDEMNITY INSURANCE policy clauses attached herewith



Premium and GST Details

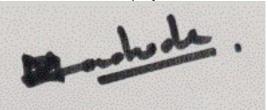
	Rate of Tax	Amount in INR
Premium		₹ 12800.00
SGST	9	1152
CGST	9	1152
IGST	0	0

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 30th day of June,2022.

Date of Issue: 30/06/2022

For and on behalf of The New India Assurance Company Limited



(MR. MANISH SAKHARAM ZADODE) [BRANCH MANAGER]

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

 Mudrank_____Dt.____consolidated Stamp Fees Paid by Pay Order Number_____vide receipt

 number_____dt.____.

Tax Invoice No : 16040122P0001210

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C