



## NEW INDIA BHARAT SOOKSHMA UDYAM SURAKSHA POLICY UIN-IRDAN190RP0011V02202021

#### 1. Insured's Details :

| Insured Name | : | MEENAKSHI COTGIN  | E-mail Id/Fax | : | kailash@jainuineinsurance.co.in, / |
|--------------|---|---|---------------|---|------------------------------------|
| Customer ID  | : | PO95050635  | PAN No.       | : |                                    |
| Address      |   | GUT NO.101, AT POST- CHORAMBA, TQ.<br>GHATANGI, DIST- YAVATMAL<br>GHATNAJI ,MAHARASHTRA, 445301 | GSTIN/UIN.    | : | 27ABCFM6748G1Z1 / NA               |
| Phone No.    | : |   |               |   |                                    |

### 2. Issuing Office Details :

| Office Name     | : | JALGAON (160700)   |
|-----------------|---|--|
| Office Code     | : | 160700   |
| Address         | : | MANDORE MARKET,<br>BEHIND DADHIWALA BUNGLOW,<br>JILHA PETH,425001<br>MAHARASHTRA , 425001. |
| Phone No.       | : | 02572236189 / 02572232179  |
| E-mail Id/Fax   | : | nia.160700@newindia.co.in / 2572236189   |
| S.Tax Regn. No. | : | AAACN4165CST178  |
| GSTIN           | : | 27AAACN4165C3ZP  |
| SAC             | : | 997137 (Other property insurance services)   |

#### 3. Policy Details :

| Policy Number                           | : | 16070011218000000408  |
|---|---|---|
| Period of Insurance                     | : | From: 11/02/2022 05:13:35 PM To: 10/05/2022 11:59:59 PM   |
| Date of Proposal                        | : | 11-Feb-22   |
| Prev. Policy no.                        | : | 0   |
| Client Type                             | : | Non-Corporate   |
| Business Source Code                    | : |   |
| Dev.Off level./Broker                   | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757)<br>Jainuine Insurance Brokers Pvt Ltd. 620300vskp - (SI00174500), |
| Agent/Bancassurance/SPECIFIED<br>PERSON | : |   |
| Phone No.                               | : | 02402350377, 9850049400 / NA  |
| E-mail Id/Fax                           | : | kailash@jainuineinsurance.co.in, / /  |

#### 4. **Collection Particulars :**

| Premium            | : | 32160                           |
|--------------------|---|---------------------------------|
| GST                | : | 5788                            |
| Total (₹)          | : | 37949                           |
| Receipt No. & Date | : | 16070081210000004826 - 11/02/22 |

#### 5. **Policy Level Covers :**

| Description of Property        | : | As per Block Details |               |
|--------------------------------|---|----------------------|---------------|
| Location Address with Pin Code | : | As per Block Details |               |
| Risk Description               | : | As per Block Details |               |
| Sum Insured                    | : | ₹ 3000000            |               |
| Risk Serial No                 | 0 |                      | IIB Risk Code |
| 1                              |   |                      | 2063          |

Policy No. : 16070011218000000408Document generated by 33037 at 11/02/2022 18:01:16 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



#### 6. **Block Details :**

## Building, Contents & Stocks or Building Contents & Stocks on Declaration basis is selected:

|   | N Ad                                | cation<br>Idress<br>ith Pin<br>Code  | Building<br>superstru<br>cture | Plinth &<br>foundatio<br>n | Basement<br>&<br>Additional<br>Structure<br>s | Furniture,<br>Fixture &<br>Fittings | Plant &<br>Machinery | Other<br>Contents<br>Details | Other<br>Contents<br>SI | Stocks<br>held in<br>trust | Stocks in process | Stocks  |
|---|-------------------------------------|--|--------------------------------|----------------------------|---|-------------------------------------|----------------------|------------------------------|-------------------------|----------------------------|-------------------|---------|
|   | OF NO<br>AT<br>CH<br>GH<br>I,<br>YA | GUT<br>D.101,<br>POST-<br>ORAMB<br>A, Tq.<br>ATANG<br>DIST-<br>VATMA<br>45301<br>45301 | 0                              | 0                          | 0   | 0                                   | 0                    | NM                           | 0                       | 0                          | 0                 | 3000000 |
| [ | SI No.                              | Loca   | ation Addre                    | ss with Pin                | Code T  | ype of Con                          |                      | Type of                      | Constructio             | on - T                     | ype of Cons       |         |

|   |   | Walls | Floor | Roof  |  |
|---|---|-------|-------|-------|--|
| 1 | GUT NO.101, AT POST-<br>CHORAMBA, Tq. GHATANGI, DIST-<br>YAVATMAL 445301 445301 | Pucca | Pucca | Pucca |  |

## 7. Additional Covers:

## a) Built-in Covers:

| Cover Name                               | Opted        | or Not      |  |  |  |  |
|--|--------------|-------------|--|--|--|--|
| Additions, alterations or extensions     | Yes          |             |  |  |  |  |
| Temporary removal of stocks              | Yes          |             |  |  |  |  |
| Cover for specific content               | Yes          |             |  |  |  |  |
| Start-up expenses                        | Yes          |             |  |  |  |  |
| Professional fees                        | Yes          |             |  |  |  |  |
| Removal of debris                        | Yes          |             |  |  |  |  |
| Costs compelled by Municipal Regulations | Yes          |             |  |  |  |  |
| Cover Name                               | Opted or Not | Sum Insured |  |  |  |  |
| Floater Add-on                           | NO           | 0           |  |  |  |  |

b) Add-on Covers:

| Cover Name         | Opted or Not | Sum Insured |
|--------------------|--------------|-------------|
| Declaration Add-on | NO           | 0           |

| SI. No. | Asset Description                            |   | Sum Insured (₹) |
|---------|--|---|-----------------|
| 1.      | Building superstructure Sum Insured          | : | 0               |
| 2.      | Plinth & foundation Sum Insured              | : | 0               |
| 3.      | Basement & Additional Structures Sum Insured | : | 0               |
| 4.      | Furniture, Fixture & Fittings Sum Insured    | : | 0               |
| 5.      | Plant & Machinery                            | : | 0               |
| 6.      | Other Contents Sum Insured                   | : | 0               |
| 7.      | Stocks held in trust Sum Insured             | : | 0               |
| 8.      | Stocks in process Sum Insured                | : | 0               |
| 9.      | Stocks Sum Insured                           | : | 30,000,000      |
|         | Total Sum Insured                            |   | 30,000,000      |

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| 9. Т  | errorism/EQ/S | TFI :                |          |                    |                        |     |              |   |     |   |
|-------|---------------|----------------------|----------|--------------------|------------------------|-----|--------------|---|-----|---|
| Terro | rism Covered  | :                    | Yes      | Earthquake Covered | :                      | Yes | STFI Covered | : | Yes |   |
|       |               |                      |          |                    |                        |     |              |   |     |   |
| 10.   | Hypothecatio  | n De                 | etails : |                    |                        |     |              |   |     |   |
| SI.   | No.           |                      |          | Name of            | Name of the Financiers |     |              |   |     |   |
|       | 1             | PUNJAB NATIONAL BANK |          |                    |                        |     |              |   |     |   |
|       |               |                      |          |                    |                        |     |              |   |     | - |
|       |               |                      |          |                    |                        |     |              |   |     |   |

## 11. Coinsurance Details :

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

## 12. Subjectivities :

The insurance under this policy is subject to

| I ne insurance under this policy is suc | ject |   |  |
|---|------|---|--|
| Special Conditions                      | :    | GINNING & PRESSING<br>(ALL STOCK OF COTTON - excluding seeds )<br>(INCLUSIVE SPONTANEOUS COMBUSTION)<br>On stock of Raw cotton in Loose &/or in Heaps in Open Compound& Stock In Process<br>& Stock of Lint,Bondri, and Cotton FP Bales with Iron strip &/or plastic strip,Bardan<br>& Packing Material,Tarpolien & Such other Goods Pertaining to insured's Trade<br>whilst Stored &/or Lying anywhere in Factory Compound |  |
| Special Warranties                      | :    | NA  |  |
| Special Exclusion                       | :    | NA  |  |
| Clauses                                 | :    | <ul> <li>(1) Terrorism Clause</li> <li>(2) Agreed Bank Clause</li> <li>(3) Architects ClauseUpto 5% of the claim amount for reasonable fees of archit<br/>Surveyor,Consulting Engineer</li> <li>(4) Removal of Debris ClauseUpto 2% of the claim of the amount for reason<br/>costs of<br/>Removing debris from the site.</li> </ul>  |  |
| Risk Covered                            | :    | As per Risk covered attached  |  |
| Fire Products-Exclusions                | :    | As per Exclusions attached  |  |

# 13. A) Compulsory Deductible: ₹ 5000/- for each claim B) Terrorism Deductibles:

| B) Terrorism Deductibles: |   |               |                                   |  |  |  |
|---------------------------|---|---------------|-----------------------------------|--|--|--|
| Nature of Risk            | Deductibles (as a % of claim/loss amount) | Minimum Limit | Maximum Limit                     |  |  |  |
| Non-Industrial            | 1 % of claim amount                       | ₹ 25,000/-    | ₹ 10,00,000/-<br>(Rupees 10 Lacs) |  |  |  |
| Industrial                | 5 % of claim amount                       | ₹1,00,000/-   | ₹ 25,00,000/-<br>(Rupees 25 Lacs) |  |  |  |

## 14. Premium Details :

| Premium Head                          |   | Premium Amount (₹)   |  |
|---------------------------------------|---|--|--|
| Net Premium under the policy          | : | 32160  |  |
| GST                                   | : | 5788   |  |
| Total premium including GST           | : | 37949  |  |
| Total premium including GST(In words) | : | RUPEES THIRTY-SEVEN THOUSAND NINE HUNDRED<br>FORTY-NINE ONLY |  |

| Premium and GST Details |             |               |  |  |  |
|-------------------------|-------------|---------------|--|--|--|
|                         | Rate of Tax | Amount in INR |  |  |  |
| Premium                 |             | ₹ 32160.00    |  |  |  |
| SGST                    | 9           | 2894          |  |  |  |
| CGST                    | 9           | 2894          |  |  |  |
| IGST                    | 0           | 0             |  |  |  |

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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 11th day of February,2022.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 11/02/2022

Duly Constituted Attorney(s)

Tax Invoice No : 16070021P0007071

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C