



# POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

# UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	F.L.COTTON FIBERS				
	Insured's Details		Issuing Office Details			
Customer ID	:	PO97760736	Office Code	:	AHMEDNAGAR D.O. 151800 (151800)	
Address	:	BADGAON TEH.SENDHWA DIST BARWANI SENDHWA (KHARGON) ,MADHYA PRADESH, 451666	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001	
Phone No	:	,	Phone No	:	02412321538 / 02412329761	
E-mail/Fax	:	1	E-mail/Fax	:	nia.151800@newindia.co.in / 02412341439	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	NA / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details								
Policy Number	:	15180036220100000035	<b>Business Source Code</b>					
Period of Insurance	:	From: 20/06/2022 02:43:42 PM To: 19/10/2022 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),			
Date of Proposal	:	20-Jun-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(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
17999	3240	21239	RUPEES TWENTY-ONE THOUSAND TWO HUNDRED THIRTY-NINE ONLY	1518008122000000395 0 - 21/06/22

# Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of	Cash Total
		Employee	Wages

# Details of Employees with monthly wages above ₹ 15000:

Categories		Sub Categories		No of Employee		Cash Total Wages
Builders All employees engaged in sho yard or in construction/ demolition o buildings and other civil construction I dams, bridges etc. incl. excavation	ike	Excl. blasting and tunne	20		1200000	
Trade Description		Particular of Works	Location D	etails		luded All Sub - Contractors
GINNING & PRESSING	CO	NSTRUCTION & FABRICATION WORK IN GINNING PRESSING  Skilled & Unskilled Employees, Commercial travelers :-20	F.L.COTTON BADGAO TEH.SENDHW BARWA	ON VA DIST		

#### Contractor/Sub-Contractor Details:

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



Serial No	Name of Contractor	Description	Categorie	No	o. of Worke	ers	Amount Wages
				Skilled	Unskilled	Others	

Extensions	under the	Policy Cover	
EXCENSIONS	unuer me	PULLY COVEL	

Name of the Extension		Sub Limit of the Extension	Deductibles of the Extension	
Medical Extension		₹200000	NA	
Special Conditions		CONSTRUCTION & FABRICATION WORK IN GINNING PRESSING		
		d & Unskilled Employees, Co	mmercial travelers :-20	
	NA			

Special Exclusions	NA
Special Excess/Deductible	le NA
The Policy shall be subject	ct to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.
Clauses	Description

**Premium and GST Details** 

	Rate of Tax	Amount in INR
Premium		₹ 17999.00
SGST	0	0
CGST	0	0
IGST	18	3240

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 21st day of June,2022.

For and on behalf of

	The New India Assurance Company Limited
Date of Issue: 21/06/2022	
	Duly Constituted Attorney(s)
Stamp Duty under the Policy is ₹	
MudrankDtconsolidated	Stamp Fees Paid by Pay Order Numbervide receipt
number dt	

Tax Invoice No: 15180022P0004777

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C