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REKHA RAVINDRA KHINVASARA

PLOT NO 02 RAJHANS SURANA NAGAR JALNA ROAD , AURANGABAD AURANGABAD-431001 AURANGABAD MAHARASHTRA INDIA Policy No .: 5130014072

Client ID : 6110540127

Dear Sir / Madam,

We thank you for choosing Tata AIG General Insurance Company Ltd. as your preferred insurer. Your Policy No. is **5130014072** We are glad that you have chosen our product **BUSINESS GUARD - Bharat Laghu Udyam Suraksha** and given us an opportunity to structure an insurance cover that suits your needs. We cater to most of the Micro, Small and Medium Enterprises. As one of the largest and most established insurance companies, we care for you and understand your unique needs of coverage and would always strive to offer convenience and range of products that cater continuously to your ever increasing and evolving needs.

We have provided insurance based on the information furnished by you and by accepting this policy, you agree that the information furnished to us is true, accurate and complete. We are enclosing your policy document along with transcript of information furnished to us for providing insurance. You are requested to go through the document carefully and let us know if any error/discrepancy within 15 days of receipt of the policy to enable us to make necessary changes otherwise all particulars will be deemed correct

Also enclosed for your convenience are forms to help you reach us for any 'changes to your policy' and the 'Claim intimation process and documents'. Please keep these handy in the event of a claim under the policy.

You may call our Toll Free Customer Service Helpline 1800 266 7780 and enjoy a hassle-free service and claims settlement experience.

We look forward to a long and mutually beneficial relationship and providing you wider range of benefits in the years to come.

Yours sincerely,

For Tata AIG General Insurance Company Ltd.

Authorised Signatory

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. **Tata AIG General Insurance Company Limited.** 

IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | PAN: AABCT3518Q | UIN: IRDAN108CP0001V01202122.

Date: 01/07/2022



# SCHEDULE

POLICY NO.: 5130014072 INSURED NAME : REKHA RAVINDRA KHINVASARA.

COMMUNICATION ADDRESS:- PLOT NO 02 RAJHANS SURANA,NAGAR JALNA ROAD , AURANGABAD,,,AURANGABAD,AURANGABAD,MAHARASHTRA,431001

GSTIN Number :

Place of supply : MAHARASHTRA State code : 27 TELEPHONE NO. (LANDLINE NO.): MOBILE NO.: EMAIL: CONTACT PERSON DETAILS

(where proposer is not an individual)

a.Name:

b.Designation:

Additional Insured : .

RISK LOCATION ADDRESS: PLOT NO 02 RAJHANS SURANA, NAGAR JALNA ROAD , AURANGABAD, ,,,431001, AURANGABAD, AURANGABAD

OCCUPANCY: Shop - Excluding Garment Shops

# AGENT/BROKER NAME

# - JAINUINE INSURANCE BROKERS PVT LTD

AGENT/BROKER CONTACT NO - 9850049400

# AGENT/BROKER LICENSE CODE - 376

**BANK / FINANCIAL INSTITUTION** 

- N/A

The company is liable hereunder only in respect of those Coverage's stated for each of which the Sum Insured / Limit of Liability is specified hereunder and the Premium due thereon is received by the Company.

SI.NO	Coverage Section	Particulars of Insured Interest	Sum Insured / Limit of Indemnity (Rs.)
А	Fire Building and/or Contents	Plant and Machinery	5,300,000
		Building	44,710,000
В	Burglary	Plant and machinery	5,300,000
Gross Pre	mium:		Rs.23,537
Special Discount / Sectional Discount:			Rs.0
Net Premium:			Rs.23,537
UGST/SG	ST @(9%):		Rs.2,118
CGST @(	9%):		Rs.2,118
Total Amo	unt (Rounded Off):		Rs.27,773
GSTIN:			27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code: 997137

<u>CONDITIONS</u>: Subject to the following additional conditions/warranties to be read with the wordings of the Policy (and Riders referred if any) hereto

# COVERAGE SECTION A (FIRE):

1) This policy covers Fire & Allied Perils, Earthquake, STFI and Terrorism

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1 Atta AlG General Insurance Company Limited.

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India. Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) I Fax: 022 6693 8170 I Email: customersupport@tataaig.com

IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | PAN: AABCT3518Q | UIN: IRDAN108CP0001V01202122.

PERIOD OF INSURANCE From : 01/07/2022 00:00 Hrs To : 30/06/2023 23:59 Hrs

SI.No	In-built Covers	Details
1.	Additions, alterations or extensions	Property that You erect, acquire or add during the Policy Period is covered upto 15% of the Sum Insured for that item (excluding stocks).
2.	Temporary removal of stocks	Loss to stocks temporarily removed to other premises for fabrication, processing or finishing upto 10% of value.
3.	Cover for Specific Contents	<ul> <li>Cover for Money upto ₹ 50,000 (Fifty Thousand Rupees) during the policy period.</li> <li>Cover for documents such as deeds, manuscripts, business booksplans, drawings, securities etc. upto ₹ 50,000 (Rupees Fifty Thousand) during the policy period.</li> <li>Cover for computer programmes, information and data upto ₹5 Lakh (Rupees Five Lakh) during the policy period.</li> <li>Cover for personal effects of employees, Directors and visitors upto ₹ 15,000 (Rupees Fifteen Thousand) per person for a maximum of 20 persons during the policy period.</li> </ul>
4.	Start-Up Expenses	Start-up cost incurred by You in respect of insured risk consequent upon a loss or damage due to insured events upto ₹5 Lakhs ( Rupees Five Lakh).
5.	Professional fees	Reasonable fees of architects, surveyors and consulting engineers upto 5% of the claim amount.
6.	Costs for Removal of debris	Reasonable expenses for removal of debris upto 2 % of the claim amount.
7.	Costs compelled by Municipal Regulations	Additional cost of reconstruction of property incurred solely for complying with municipal regulations.

#### **COVERAGE SECTION B (BURGLARY):**

1) Excluding money, monetary instruments and valuables of every description unless specifically covered

- Excluding personal effects of employees, visitors and guests 2)
- 3) Warranted existing protection, detection and alarm systems if any to be in full operation at all times
- **RSMD** Covered 4)
- Excluding Theft (without forcible means) but excluding losses on inventory 5)

DEDUCTIBLES: Subject to the following additional conditions/warranties to be read with the wordings of the Policy (and Riders referred if any) hereto

### **COVERAGE SECTION A (FIRE):**

1) Excess of 5% of each claim amount subjected to a minimum of Rs.10,000/-

#### **COVERAGE SECTION B (BURGLARY):**

1) 2% of the claim amount subject to a minimum of Rs.5,000 each and every claim loss

# SPECIAL CONDITIONS

- 1 Cyber Risk Exclusion Clause NMA 2915 stands included in the policy.
- Communicable disease Exclusion Clause LMA 5393 stands included in the policy 2

NOTE: If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the Policy or if the loss or damage be occasioned by the willful act, or with the connivance of the Insured, all benefits under this Policy shall be forfeited.

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Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) | Fax: 022 6693 8170 | Email: customersupport@tataaig.com IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | PAN: AABCT3518Q | UIN: IRDAN108CP0001V01202122.



Signed at : AURANGABAD On Date : 04-Jul-2022

The stamp duty of Rs.0.50/- paid in cash or demand draft or by pay order, vide Receipt/Challan no:LOA/CSD/318/2022/1601 dated the 08/04/2022

For Tata AIG General Insurance Company Ltd.

Authorised Signatory

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#### **IMPORTANT NOTE:-**

Please examine this Policy including its attached Schedules and annexures / Riders if any. In the event of any discrepancy please contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

Policy Servicing Office AURANGABAD,0213,2ND FLOOR, C WING,,KANDI TOWER, JALNA ROAD,,AURANGABAD, MAHARASHTRA.,,AURANGABAD,MAHARASHTRA,AURANGABAD-431001.



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RECEIPT								
Receipt No. 102131032172980         Receipt Date: 01/07/2022           Policy No:         5130014072								
Seventy-	Received with thanks from REKHA RAVINDRA KHINVASARA a sum of `27773( Rupees Twenty-Seven Thousand Seven Hundred Seventy-Three And Paise Zero Only)vide Cheque no. 201067 dated 30/06/2022drawn on CENTRAL BANK OF INDIA, PAYABLE AT PAR branch AURANGABAD towards							
SI.No.	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹				
1	5130014072	27773	27773	0				
Note: 1. This is a computer generated receipt and does not require a signature. 2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void. 3. Amounts received by cheque shall be subject to realisation. 4. Any amount received in excess of the Premium is being/shall be refunded by the Company.								
GSTIN: 2	27AABCT3518Q1ZW - MAH	IARASHTRA Service Ac	counting Code: 997137					
Revenue	Revenue (Consolidated) Stamp Duty paid vide challan No. LOA_NO.CSD/270/2022/727 date 10/02/2022 for applicable cases.							



Important:

- 1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5Crore but does not exceed ₹ 50 Crore, against Fire and Allied Perils.
- 2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
- 3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Policy Issuing Office Address & code	AURANGABAD-0213
Intermediary/Agent Name & Code(If any)	JAINUINE INSURANCE BROKERS PVT LTD 0008731000

#### A. Details about Proposer and Policy Period

Name Of Proposer	REKHA RAVINDRA KHINVASARA			
Address of Proposer	PLOT NO 02 RAJHANS SURANA NAGAR JALNA ROAD , AURANGABAD AURANGABAD-431001 AURANGABAD MAHARASHTRA INDIA			
Email	,			
Contact person details	,			
Policy to be issued infavour of (list out all the partieswho have insurable interest) includ the financial institutions	N/A	Period of Insurance	From: 01/07/2022 To: 30/06/2023	

#### **B.Business and Location of business**

9.	Business of proposer	Shop - Excluding Garment Shops					
10.	Location of risk/ business to be covered - full postal addresswith inpin code	PLOT NO 02 RAJHANS SURANA,NAGAR JALNA ROAD , AURANGABAD,,,431001,AURANGABAD,AURANGABAD					
	Occupancy	hop - Excluding Garment Shops					
	Age of unit						
	Floor	*Floor:Ground Floor (GF)/Mezzanine Floor(MF)/Higher Floor(H).					

#### C. Details About Business Covered at the insured location

11. Details of insured property	Please tick YES/NO
a. Offices, Shops,Hotels etc.	YES
b. Industrial / Manufacturing risks	NO
c. Storage outside Industrail/ Manufacturing risks	NO
d. Tanks / Gas holders outside Industrail/ Manufacturing risks	NO
e. Utilities located outside Industrail/ Manufacturing risks	NO
f. Boundary wall	NO
g. Basement Storage	No if,yes value stored SI: ₹ 0
h.Others (please specify)	
12. if used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
13. if used as an Industrial Manufacturing units give products manufacture at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
14. if used as an Industrail Manufacturing unit, please state whether the factory is working or silent?	Working

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	ate whether AMC(Annual Maintenance Co es is i in force	ntract) for the Fire Protection		NO		
17. Cons	truction details			·		
a. please	state material used					
	Walls	P	ucca			
	Floor					
	Roof Pucca					
Pucca: B	arpaulin and the like are treated as Kutcha suildings other than Kutcha are treated as l er of Floors					
c. Age of	the Building					
18. Dista	nce between the risk to be covered and ne	earest Fire Brigade				
	her You have insured the same property w ame type of coverage (Give details)	vith any other Insurance Comp	pany with the			
20. Whet	her Insurance was declined by any other 0	Company (Give details)				
21. Prem	ium / Claim details for the past 36 months	excluding the expiring policy	period			

#### D. Sum Insured and Other details of Insured Property (Indicate Sum Insured on the following basis:

• For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;

- For raw material: Landed Cost;
- For stock in process: Input cost;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price\* of goods sold but not delivered, as applicable.

\*Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

22.	22.							
Description of Block	Building including plinth,Basemen t and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and Other equipme nt	Raw Material	Stock in Process	Finished Stock	Other Contents	Total
PLOT NO 02 RAJHANS SURANA,NAGA R JALNA ROAD , AURANGABAD,, ,431001,AURAN GABAD,AURAN GABAD	44,710,000	5,300,000						50,010,000

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## E. Standard add-ons

I. Do You want to opt for Floater Cover No. if yes, give details below

23.	Floater Cover (for stocks at various locations) and Sum Insured ( in $\mathbf{R}$ )	As per Annexure A
	i) Maximum value at any one location₹ ii) Whether stocks stored in open:	Νο

# II. Do You want to opt for Declaration Policy?

If Yes, give details below:

24. Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount INR: BURGLARY Furniture & Fixture / Plant & Machinery / First Loss First Loss Sum SR.NO Others - Specify Stocks Sum - Insured Office Equipment (25 / 50%) Equipment Insured 5,300,000 0 5,300,000 0 1 Covers Theft by visible and forcible means only. Do you have dedicated security arrangement round the clock? NO Are the insured premises protected with Solid Doors/Gates/Grill/Rolling shutters/Glass Door Burglary Alarm system NO PORTABLE EQUIPMENT Portable Serial No. For Equipment# Make Model Year of Mfg. AMC Sum Insured\* Identification Details As per Annexure Basis of SI should be new replacement value of same make /model. #Mobile Phone/PDA's are excluded. ELECTRONIC EQUIPMENT **Electronic Equipment/ Equipment Details** Year of Serial No. For SR.NO Make AMC Sum Insured\* Machinary Breakdown (Name & Capacity) Mfg Identification As per Annexure Covers Electronic Equipment(upto 7 yrs)/Machinery Breakdown(upto 7 yrs) \*Basis of SI should be new replacement value of same make/model. MONEY Money in Transit SR.NO From Money in safe То Annual Carrying **Approx Annual Carrying** Limit Per Transit (max. 3 (Rs). lacs) (Rs.) **Insured Premises** bank and back 0 0 0

Covers Money / Monetary Instruments (Indian Currency) Belonging to your business while tranist or in safe. choose either Money in Transit on Annual basis or First basis.

PLATE GLASS / NEON SIGN									
SR.NO Description Site Location NoS * Dimensions (L x B) Sum Insured									
As per Annexure									
Covers All Plate Class and Near Signs secured & fixed within the stated promises only									

Covers All Plate Glass and Neon Signs secured & fixed within the stated premises only.

\* For ornamented / curved / glazed / etched glass and cover for specific items, give item wise dimeensions.

WORKMEN'S COMPENSATION							
Nature of Work         Work Place (Office / Godown etc.)         No of Employees (permanent)         Total Annual Wages / Salaries         Contract Workers (attach details)         Sum Insured							
As per Annexure							
Covers permanent employees on Un-Named (Designation / Nature of occupation) & Total Annual Wages basis. Contractual employees are covered on Name & Total Annual Wages Basis.							

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PERSONAL ACCIDENT											
Name	age	Occupation	Any Infirm Disabilit	-	Nominee Name	Relatior	1	Catetory I / II / III	Benifit Table A/B/C/D	Captial Sum Insured (Rs)	
As per Annexure											
1.Covers only persons in the Age Group 18 to 65 yeasrs. 2.Death,permanent disability, partialdisability & temporary total disability covers are available. Temporary total disability is available only for class I & II employees.											
PUBLIC LIABILITY											
Lability Type		Pa	Paid Up Captial (RS.)		Annual Turn Over(Rs.)		Any One Accident Limit (Rs.)			Any One Year Aggregate (Rs.)	
			0		0	0		0		0	
BAGGAGE											
Sum Insured											
Covers accompanied Baggage connected with         business / personal effects of the Insured / Partner / Employees         carried during Travel any where in India.											
FIDELITY											
Premanent Empl	oyees	designatio	on C	Departm	artment Any One Event Limit		.imit	Any One Year Aggregate Limit			
As per Annexu	ire										
F.Premium Details											

Mode_Of_payments	Cheque
Payments_Details	102131032172980
Amount	27,773

Assignment for Personal Accident Insurance

I/We hereby assign the money payable by Tata AIG General Insurance Company Limited. in the event of my death to the nominee named above and i further declare that his/her/their recepit shall be sufficient discharge to the company

#### Declaration by Insured

I/ We hereby declare that the value insurable assets is more than ₹ 5 Crore but less than ₹ 50 Crore and the statements made by me / Us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the \_\_\_\_\_\_

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date: 01/07/2022

Place: AURANGABAD

Signature of Proposer

#### Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb imprssion of the proposer:

Name & Signature of agent/intermediary:

AML Guidelines

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act,2002.I understand that the companyhas the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case i am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in india.

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BUSINESS GUARD - Bharat Laghu Udyam Suraksha



	Propos	al Form	WITH YOU ALWA
<ul><li>Nationality:</li><li>Type of Organ</li></ul>		if Non-Indian,please specify Country: ernmental Organization Society onal Organization Cooperatives Section 25	5 Company 🗌
Date: Place:	Agent Declar	Signature of Properties	oser
including the na submitted by hir Insurance betwe explained that i statement, subm if there has bee Company as null License No {Intern	(Full Name I employee of the Broker/Relationship Officer, do hereby ture of the questions contained in this Proposal Form n/her in this Proposal Form to questions contained here en the company and the Proposer, if this Proposal is f any untrue statement(s)/ information/response(s) is/an issions, furnished/to be furnished, the company shall have en a non-disclosure of any material fact, the policy issu and void and all premium paid under the policy may be forfer mediary/Corporate Agent/Broker/Relationship Officer}	a to the Proposer including statement(s), information a ein or any details sought herein will form the basis of t accepted by the company for issuance of the Policy. The contained in this Proposal Form/Including addendu the right to vary the benefits which may be payable an used to his/her favor pursuant to this Porposal may be eited to the company.	Proposal Form, nd response(s) the contract of I have further m(s), affidavits, id further more
Place:	Date:	Signature of Agent:	
GST Number:			
GST Address:			
Amount:			
Cheque/DD No:		A) TOTAL PREMIUM (ALL Coverage Sections):23,537	
Date:	Valid upto:	B) GST : 4,236	
Bank:		A+B Total Amount Payable :27,773	
Direct Debit Aut	horisation	Transaction ID	
Sources of funds	(please where (applicable): Salary Busine	ss Other {Please specify}	
Insured's PAN Card	Insured's PAN Card Number : Insured's PAN Card Number : Please give details of any other a		umber:
1) No persosn si insurance in re rebate of pren	on of Rebates - Section 41 of the Insurance Act,1938 as hall allow or offer to allow, either directly or indirectly, espect of any kind of risk relating to lives or property in nium show on the policy, nor shall any person taking of be allowed in accordance with the propectus or tables of the	asa an inducement to any person to take or renew india,any rebate of the whole or part of the commission but or renewing or continuing a policy accept any rebat	payable or any
2) Any person ma	king default in complying with the provisions of this section	shall be laiable for penalty which may entend to ten lakh rup	ees.

#### Section 64VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

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Tata AIG General Insurance Company Limited.

# ANNEXURE "A" to COVERAGE SECTION "A" Attached to and forming part of the Policy No. 5130014072

Insured: REKHA RAVINDRA KHINVASARA

# Location of Risk: PLOT NO 02 RAJHANS SURANA, NAGAR JALNA ROAD , AURANGABAD, ,,,431001, AURANGABAD, AURANGABAD

Occupancy: Shop - Excluding Garment Shops

Sr.No:	Risk Description	Sum Insured (Rs.)
1	Building	44,710,000
2	Plant and machinery	5,300,000
	Total Sum Insured	50,010,000

Fire Remarks: NB2514360



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Tata AIG General Insurance Company Limited.

ANNEXURE "B" to COVERAGE SECTION "B" Attached to and forming part of the Policy No. 5130014072

Insured: REKHA RAVINDRA KHINVASARA

# Location of Risk: PLOT NO 02 RAJHANS SURANA, NAGAR JALNA ROAD, AURANGABAD, ,, 431001, AURANGABAD, AURANGABAD

Occupancy: Shop - Excluding Garment Shops

Sr.No:	Risk Description	First Loss Limit	Sum Insured (Rs.)
1	Plant and machinery		5,300,000
	Total Sum Insured		5,300,000

Burglary Remarks:

TATA AIG insurance

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Tata AIG General Insurance Company Limited.

## COMMUNICABLE DISEASE ENDORSEMENT (For use on property policies) Attached to and forming part of the Policy No. 5130014072

- This policy, subject to all applicable terms, conditions and exclusions, covers losses attributable to direct physical loss or physical damage occurring during the period of insurance. Consequently and notwithstanding any other provision of this policy to the contrary, this policy does not insure any loss, damage, claim, cost, expense or other sum, directly or indirectly arising out of, attributable to, or occurring concurrently or in any sequence with a Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease.
- 2. For the purposes of this endorsement, loss, damage, claim, cost, expense or other sum, includes, but is not limited to, any cost to clean-up, detoxify, remove, monitor or test:
  - 2.1. for a Communicable Disease, or
  - 2.2. any property insured hereunder that is affected by such Communicable Disease.
- 3. As used herein, a Communicable Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:
  - 3.1. the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and
  - 3.2. the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and
  - 3.3. the disease, substance or agent can cause or threaten damage to human health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of or loss of use of property insured hereunder.
- 4. This endorsement applies to all coverage extensions, additional coverages, exceptions to any exclusion and other coverage grant(s).

#### All other terms, conditions and exclusions of the policy remain the same.

LMA5393