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Date: 12/07/2022

NEELVASU HOLIDAY RESORTS AND PROPERTIES

KHINVASARABUSINESS CENTRE, X-310, MIDC AREA,
A/P. WALUJ, DIST. AURANGABAD WALUJ ,MAHARASHTRA
GANGAPUR-431133
AURANGABAD
MAHARASHTRA
INDIA

Policy No .: 5160386731

Client ID : 6111192544

Dear Sir / Madam,

We thank you for choosing Tata AIG General Insurance Company Ltd. as your preferred insurer. Your Policy No. is **5160386731** We are glad that you have chosen our product **BUSINESS GUARD - Commercial Policy Package (Small Business Solutions) - Retail** 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

SCHEDULE

POLICY NO.: 5160386731
 INSURED NAME : NEELVASU HOLIDAY RESORTS AND PROPERTIES.
 COMMUNICATION ADDRESS:- KHINVASARABUSINESS CENTRE, X-310, MIDC AREA,,A/P. WALUJ,
 DIST. AURANGABAD WALUJ
 ,MAHARASHTRA,,,GANGAPUR,AURANGABAD,MAHARASHTRA,431133
 GSTIN Number : 27AAHFN0418J1ZB
 Place of supply : MAHARASHTRA
 State code : 27
 TELEPHONE NO. (LANDLINE NO.):
 MOBILE NO.: 9000000000
 EMAIL: khivansara@gmail.com
 CONTACT PERSON DETAILS
 (where proposer is not an individual)
 a.Name:
 b.Designation:
 Additional Insured : .
 RISK LOCATION ADDRESS: KHINVASARABUSINESS CENTRE, X-310, MIDC AREA,,A/P. WALUJ, DIST. AURANGABAD WALUJ
 ,MAHARASHTRA,,,431133,GANGAPUR,AURANGABAD
 OCCUPANCY: Multiplex Theatre Complexes

PERIOD OF INSURANCE
 From : 12/07/2022 00:00 Hrs
 To : 11/07/2023 23:59 Hrs

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.)
A	Fire Building and/or Contents	Building	40,000,000
D	Public Liability	Any one occurrence Limit	1,000,000
		Any one year aggregate Limit	1,000,000

Gross Premium:	Rs.40,980
Special Discount / Sectional Discount:	Rs.0
Net Premium:	Rs.40,980
UGST/SGST @(9%):	Rs.3,688
CGST @(9%):	Rs.3,688
Total Amount (Rounded Off):	Rs.48,356
GSTIN:	27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code: 997137

CONDITIONS: 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

BUSINESS GUARD - Commercial Policy Package (Small Business Solutions) - Retail



Sl.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 style="list-style-type: none"> • Cover for Money upto ₹ 50,000 (Fifty Thousand Rupees) during the policy period. • Cover for documents such as deeds, manuscripts, business books/plans, drawings, securities etc. upto ₹ 50,000 (Rupees Fifty Thousand) during the policy period. • Cover for computer programmes, information and data upto ₹5 Lakh (Rupees Five Lakh) during the policy period. • 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.
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 D (PUBLIC LIABILITY)

- 1) Excluding Professional Liability Cover
- 2) No cover for property under care, control and custody of the insured.
- 3) Defence Cost Inclusive Endorsement
- 4) Designated Premises Endorsement-Risk Location Address KHINVASARABUSINESS CENTRE, X-310, MIDC AREA, , A/P. WALUJ, DIST. AURANGABAD WALUJ ,MAHARASHTRA, GANGAPUR, MAHARASHTRA- 431133
- 5) Pure Financial Loss Exclusion
- 6) Absolute Pollution Exclusion
- 7) War, Sabotage and Terrorism Exclusion
- 8) Fines, Penalties, Punitive and Exemplary Damages Exclusion
- 9) Act of God perils Extension
- 10) Workmen's Compensation Exclusion
- 11) Lift/Escalator Liability excluded
- 12) Jurisdiction & Territory: INDIA
- 13) Products and Completed Operations Liability Exclusion

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 Rs.5000/- for each claim

COVERAGE SECTION D (PUBLIC LIABILITY)

- 1) Excess : 1% of AOA subject to minimum of INR 10000/-

SPECIAL CONDITIONS

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

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.

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.

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) | Fax: 022 6693 8170 | Email: customersupport@tataaig.com

IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | PAN: AABCT3518Q | UIN: IRDAN108RP0001V02100001.

Signed at : AURANGABAD

On Date : 07-Sep-2022

The stamp duty of Rs.0.50/- paid in cash or demand draft or by pay order,vide Receipt/Challan no:LOA/CSD/403/2022/3025 dated the 11/07/2022

For Tata AIG General Insurance Company Ltd.



Authorised Signatory

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.

RECEIPT

Receipt No. 102131032592158

Receipt Date: 13/07/2022

Policy No: 5160386731

Received with thanks from NEELVASU HOLIDAY RESORTS AND PROPERTIES a sum of `48356(Rupees Forty-Eight Thousand Three Hundred Fifty-Six And Paise Zero Only)vide Cheque no. 200654 dated 11/07/2022drawn on CENTRAL BANK OF INDIA,PAYABLE AT PAR branch AURANGABAD towards

Sl.No.	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹
1	5160386731	48356	48356	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: 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code: 997137

Revenue (Consolidated) Stamp Duty paid vide challan No. LOA_NO.CSD/270/2022/727 date 10/02/2022 for applicable cases.

BUSINESS GUARD - Commercial Policy Package (Small Business Solutions) - Retail



Proposal Form

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 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	NEELVASU HOLIDAY RESORTS AND PROPERTIES		
Address of Proposer	KHINVASARABUSINESS CENTRE, X-310, MIDC AREA, A/P. WALUJ, DIST. AURANGABAD WALUJ ,MAHARASHTRA GANGAPUR-431133 AURANGABAD MAHARASHTRA INDIA		
Email	khivansara@gmail.com,		
Contact person details	9000000000,		
Policy to be issued irfavour of (list out all the partieswho have insurable interest) includ the financial institutions	N/A	Period of Insurance	From: 12/07/2022 To: 11/07/2023

B.Business and Location of business

9.	Business of proposer	Multiplex Theatre Complexes
10.	Location of risk/ business to be covered - full postal addresswith inpin code	KHINVASARABUSINESS CENTRE, X-310, MIDC AREA,,A/P. WALUJ, DIST. AURANGABADWALUJ ,MAHARASHTRA,,,431133,GANGAPUR,AURANGABAD
	Occupancy	Multiplex Theatre Complexes
	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.	NO
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

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.

Proposal Form

16. Indicate whether AMC(Annual Maintenance Contract) for the Fire Protection Appliances is in force	NO						
17. Construction details							
a. please state material used							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Walls</td> <td style="width:50%;">Pucca</td> </tr> <tr> <td>Floor</td> <td></td> </tr> <tr> <td>Roof</td> <td>Pucca</td> </tr> </table>	Walls	Pucca	Floor		Roof	Pucca	
Walls	Pucca						
Floor							
Roof	Pucca						
Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plasticcloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions							
b. Number of Floors							
c. Age of the Building							
18. Distance between the risk to be covered and nearest Fire Brigade							
19. Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)							
20. Whether Insurance was declined by any other Company (Give details)							
21. Premium / 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.								
Description of Block	Building including plinth,Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and Other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents	Total
KHINVASARAB USINESS CENTRE, X-310, MIDC AREA,,A/P. WALUJ, DIST. AURANGABAD WALUJ ,MAHARASHTR A,,,431133,GAN GAPUR,AURAN GABAD	40,000,000							40,000,000

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Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.
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Proposal Form

E. Details for in-built cover for Floater

23.	Floater Cover (for stocks at various locations) and Sum Insured (in ₹)	As per Annexure
	i) Maximum value at any one location:₹	
	ii) Whether stocks stored in open:	No

F. Standard add-ons

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							
SR.NO	Furniture & Fixture / Office Equipment	Plant & Machinery / Equipment	Stocks	Others - Specify	Sum - Insured	First Loss (25 / 50%)	First Loss Sum Insured
1			0		0		0
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 Equipment# Details	Make	Model	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured*
As per Annexure						
* Basis of SI should be new replacement value of same make /model. #Mobile Phone/PDA's are excluded.						

ELECTRONIC EQUIPMENT							
SR.NO	Electronic Equipment/ Machinery Breakdown	Equipment Details (Name & Capacity)	Make	Year of Mfg	Serial No. For Identification	AMC	Sum Insured*
	As per Annexure						
Covers Electronic Equipment(upto 7 yrs)/Machinery Breakdown(upto 7yrs)							
*Basis of SI should be new replacement value of same make/model.							

MONEY						
SR.NO	Money in safe	Money in Transit			Annual Carrying	
		From	To	Approx Annual Carrying (Rs).	Limit Per Transit (max. 3 lacs) (Rs.)	
						1
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 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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BUSINESS GUARD - Commercial Policy Package (Small Business Solutions) - Retail**Proposal Form****PERSONAL ACCIDENT**

Name	age	Occupation	Any Infirmity / Disability	Nominee Name	Relation	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	Paid Up Captial (RS.)	Annual Turn Over(Rs.)	Any One Accident Limit (Rs.)	Any One Year Aggregate (Rs.)
	0	0	1000000	1000000

BAGGAGE

	Sum Insured
Covers accompanied Baggage connected with business / personal effects of the Insured / Partner / Employees carried during Travel any where in India.	0

FIDELITY

Premanent Employees	designation	Department	Any One Event Limit	Any One Year Aggregate Limit
As per Annexure				

G.Premium Details

Mode_Of_payments	Cheque
Payments_Details	102131032592158
Amount	48,356

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 receipt shall be sufficient discharge to the company

Declaration by Insured

I/ We hereby declare that the value insurable assets is less than ₹ 5 Crore (Rupees Five Crores) 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: 12/07/2022

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 - Commercial Policy Package (Small Business Solutions) - Retail



Proposal Form

- Nationality: Indian Non-Indian if Non-Indian, please specify Country: _____
- Type of Organization Corporations Governements Non Governmental Organization Society
 Trust Partnership International Organization Cooperatives Section 25 Company

Date: _____

Place: _____

Signature of Proposer

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the content of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the contract of Insurance between the company and the Proposer, if this Proposal is accepted by the company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/Including addendum(s), affidavits, statement, submissions, furnished/to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Porposal may be treated by the Company as null and void and all premium paid under the policy may be forfeited to the company.

License No (Intermediary/Corporate Agent/Broker/Relationship Officer) _____

Name of the specified Person and code _____

Place: _____ Date: _____ Signature of Agent: _____

GST Number: _____	
GST Address: _____	
Amount:	
Cheque/DD No:	A) TOTAL PREMIUM (ALL Coverage Sections):40,980
Date:	Valid upto: B) GST : 7,376
Bank:	A+B Total Amount Payable :48,356
Direct Debit Authorisation	Transaction ID

Sources of funds (please where (applicable)): Salary Business Other {Please specify} _____

Insured's PAN Card Number : _____ Insured's PAN Card Number :in the absense of PAN Card,
 Please give details of any other authorized photo ID. Photo ID Type _____ Number: _____

Prohibition of Rebates - Section 41 of the Insurance Act,1938 as amended by Insurance Laws{Amendment} Act,2015

- 1) No persosn shall allow or offer to allow, either directly or indirectly, asa an inducement to any person to take or renew or contiune an insurance in respect of any kind of risk relating to lives or property in india,any rebate of the whole or part of the commission payable or any rebate of premium show on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the propectus or tables of the insurers.
- 2) Any person making default in complying with the provisions of this section shall be laiable for penalty which may entend to ten lakh rupees.

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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BUSINESS GUARD - Commercial Policy Package (Small Business Solutions) - Retail

Tata AIG General Insurance Company Limited.

ANNEXURE "A" to COVERAGE SECTION "A"
Attached to and forming part of the Policy No. 5160386731

Insured: NEELVASU HOLIDAY RESORTS AND PROPERTIES

Location of Risk: KHINVASARABUSINESS CENTRE, X-310, MIDC AREA,,A/P. WALUJ, DIST. AURANGABAD WALUJ
,MAHARASHTRA,,431133,GANGAPUR,AURANGABAD

Occupancy: Multiplex Theatre Complexes

Sr.No:	Risk Description	Sum Insured (Rs.)
1	Building	40,000,000
	Total Sum Insured	40,000,000

Fire Remarks: NB2533900

COMMUNICABLE DISEASE ENDORSEMENT

(For use on property policies)

Attached to and forming part of the Policy No. 5160386731

1. 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