

Date: 16/07/2022

Renewal Business\_5182239252\_620329941314\_TrackOn\_651797

# 

CAFE BLUEZ

421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW, AHMEDABAD AHMEDABAD-380006 AHMEDABAD GUJARAT INDIA

Dear Sir / Ma'am,

#### Sub: BUSINESS GUARD - Commercial Policy Package (Small Business Solutions) - Retail Policy No. 5182239252

We thank you for renewing your policy with Tata AIG. It's our pleasure to have been entrusted to meet your insurance requirement again. We take immense pride in having you with us and are glad to offer the best of our services. Tata AIG General Insurance Company Ltd. (Tata AIG) combines the Tata Group's preeminent leadership position in India and AIG's global presence as the world's leading international insurance and financial services organization. We at Tata AIG, strive to anticipate customer priorities and exceed their expectations. You can be assured that you have chosen the right partner to be 'With You Always'.

Your renewed policy schedule is attached herewith which incorporates the changes, if any, requested by you. We request you to kindly go through the schedule and confirm that all the required changes have been incorporated correctly. In case of any error/discrepancy, please feel free to inform us for necessary correction within 15 days of receipt of this document otherwise all particulars will be deemed to be correct. Please retain the same for any guidance related to your insurance policy. Our policy wording is also available on our website www.tataaig.com. or your reference any time.

Should you have any concerns or require any assistance, you can always reach us at

- 1) 24X7 toll free helpline 1800 266 7780
- 2) SMS 'TAG' to 5616181
- 3) Write to us customersupport@tataaig.com

Thank you again for entrusting us with your insurance requirement. We sincerely appreciate you for again expressing your confidence in TATA AIG.

We look forward to your continued patronage always.

Yours sincerely,

For Tata AIG General Insurance Company Ltd.

Authorised Signatory



**SCHEDULE** 

POLICY NO.: 5182239252 INSURED NAME: CAFE BLUEZ.

PERIOD OF INSURANCE

From: 16/07/2022 00:00 Hrs To: 15/07/2023 23:59 Hrs

COMMUNICATION ADDRESS:- 421, 4TH FLOOR, SUPERMALL,, C.G. ROAD, NEAR LAL

BUNGLOW,,AHMEDABAD,,AHMEDABAD,AHMEDABAD,GUJARAT,380006

GSTIN Number: 24AFAPB5000J1Z9

Place of supply: GUJARAT

State code: 24

TELEPHONE NO. (LANDLINE NO.):

MOBILE NO.:

EMAIL:

CONTACT PERSON DETAILS

(where proposer is not an individual)

b.Designation:

Additional Insured:.

RISK LOCATION ADDRESS: 421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD

GUJARAT,,,380006,AHMEDABAD,AHMEDABAD

OCCUPANCY: Cafes, Restaurants, Hotels, Confectioner and Sweet meat sellers, Health Resorts

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

SI.NO	Coverage Section	Particulars of Insured Interest	Sum Insured / Limit of Indemnity (Rs.)
Α	Fire Building and/or Contents	Contents	200,000
		Building	10,000,000
		Stocks or Stocks in process	100,000
		FurnitureFixture or Office Equipment	1,700,000
В	Burglary	Furniture and Fixture or Office equipment	1,700,000
		Stocks or stocks in process	100,000
С	Money Insurance	Money in Transit - Rider Attached (Refer Annexure C)	100,000
		Money in Till / Counter (Refer Annexure C)	100,000
D	Public Liability	Any one occurrence Limit	1,000,000
		Any one year aggregate Limit	1,000,000
G	Plate Glass	Refer Annexure G	100,000
S	All Risks (Signs)	Refer Annexure S	100,000
ross Pre	emium:		Rs.10,256
oecial D	iscount / Sectional Discount:		Rs.0
let Premi	ium:		Rs.10,256

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.



IGST @18 %: Rs.1,846
Total Amount (Rounded Off): Rs.12,102

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.

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</li> </ul>
4.	Start-Up Expenses	period.  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
- 2) Including Theft (without forcible means) but excluding losses on inventory
- 3) Excluding personal effects of employees, visitors and guests
- 4) Warranted existing protection, detection and alarm systems if any to be in full operation at all times
- S) RSMD Covered

# **COVERAGE SECTION C (MONEY IN TRANSIT)**

- 1) Money in Transit Extension as per Annexure attached
- 2) Warranted money not to be left unattended anytime anywhere
- 3) Warranted daily reconciliation of carryings /transactions
- 4) Warranted carryings to be preferably in Insureds own vehicle/taxi
- Condition 7 of the Policy relating to Premium Adjustment stands deleted. The Insured shall however keep a complete record of all amounts in transit during the Period of Insurance

## **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
- 5) Pure Financial Loss Exclusion
- 6) Absolute Pollution Exclusion
- 7) War, Sabotage and Terrorism Exclusion
- 8) Fines, Penalties, Punitive and Exemplary Damages Exclusion

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.



- 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

#### **COVERAGE SECTION G (PLATE GLASS)**

- 1) Excluding damage or loss as a consequence or arising out of any alteration or work carried out in the premises
- 2) Warranted that all plate glass in the insured premises is covered under the policy.

#### **COVERAGE SECTION S (ALL RISKS - SIGNS)**

1) Basis of Indemnity shall be the depreciated market value determined as at time of loss, of the Insured item(s)

<u>DEDUCTIBLES:</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) Excess of Rs.5000/- for each claim

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

- 1) 2% of the claim amount subject to a minimum of Rs.5,000 each and every claim loss
- 2) Theft Excess 5% of claim amount sub to minimum of 10000/-.

#### **COVERAGE SECTION C (MONEY IN TRANSIT)**

- 1) 2% of the claim amount subject to a minimum of Rs.2,500 each and every claim loss
- 2) 2% of the claim amount subject to a minimum of Rs.2,500 each and every claim loss

#### **COVERAGE SECTION D (PUBLIC LIABILITY)**

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

#### **COVERAGE SECTION G (PLATE GLASS)**

1) 5% of the claim amount subject to a minimum of Rs.2,500 each and every claim loss

#### **COVERAGE SECTION S (ALL RISKS - SIGNS)**

1) Excess: 2% of claim amount sub to min of 2,500/- for each and every claim loss

#### 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.

Signed at : NASHIK
On Date : 29-Jul-2022

The stamp duty of Rs.0.25/- 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**

NASHIK,0260,2ND FLOOR PREMISES NO. 25 & 26,KAPADÍA COMMERCIAL COMPLEX,OPP-JANALAKSHMI BANK(HO) OLD AGRA ROAD,,NASHIK,MAHARASHTRA,NASHIK-422002.



#### **RECEIPT**

Receipt No. 102601033085544 Receipt Date: 12/07/2022

Policy No: 5182239252

Received with thanks from CAFE BLUEZ a sum of `12102( Rupees Twelve Thousand One Hundred Two And Paise Zero Only)vide Credit / Debit Card No 9999XXXXXXXXX9999 dated 12/07/2022 Name as in credit/debit card - CAFE BLUEZdrawn on , branch towards

S	SI.No.	I.No. Policy Number Total Premium ₹		Utilized from the receipt for policy ₹	Balance ₹
	1	5182239252 12102		12102	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.



#### **Proposal Form**

#### Important:

- 1. This proposal is for covering an enterprise whose total value of insurable assests 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	NASHIK-0260		
Intermediary/Agent Name & Code(If any)	JAINUINE INSURANCE BROKERS PVT LTD 0008731004		

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

Name Of Proposer	CAFE BLUEZ				
Address of Proposer	421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW, AHMEDABAD AHMEDABAD-380006 AHMEDABAD GUJARAT INDIA				
Email	,				
Contact person details	,				
Policy to be issued irfavour of (list out all the partieswho have insurable interest) includ the financial institutions	N/A	Period of Insurance	From: 16/07/2022 To: 15/07/2023		

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

9.	Business of proposer	Cafes & Restaurants				
10.	Location of risk/ business to be covered - full postal addresswith inpin code	421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD GUJARAT,,,380006,AHMEDABAD,AHMEDABAD				
	Occupancy	Cafes, Restaurants, Hotels, Confectioner and Sweet meat sellers, Health Resorts				
	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.	
b. Industrial / Manufacturing risks	
c. Storage outside Industrail/ Manufacturing risks	
d. Tanks / Gas holders outside Industrail/ Manufacturing risks	
e. Utilities located outside Industrail/ Manufacturing risks	
f. Boundary wall	
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?	

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**

	,	on			
17. Construc	ction details				
a. please sta	ate material used				
	Walls				
	Indicate whether AMC(Annual Maintenance Contract) for the Fire Protection    Dilances is i in force				
	Roof				
Kutcha: Bu canvas/tarpa	aulin and the like are treated as Kutcha Construction.	ned leaves and/or g	rass/hay of any kind/b	amboo/plasticcloth/asp	ohalt/
b. Number o	f Floors				
c. Age of the	Building				
18. Distance	between the risk to be covered and nearest Fire Brigade				
	, ,	ompany with the			
20. Whether	Insurance was declined by any other Company (Give details)				
21. Premium	n / Claim details for the past 36 months excluding the expiring poli	cy 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		
421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AH MEDABAD GUJARAT,,,380 006,AHMEDABA D,AHMEDABAD	10,000,000		1,700,000		100,000		100,000	11,900,000		



#### **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			100,000		100,000		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										
As per Annexure			del WM delle Die en e/Di	DAI						

Basis of SI should be new replacement value of same make /model. #Mobile Phone/PDA's are excluded.

	ELECTRONIC EQUIPMENT										
SR.NO	Electronic Equipment/ Machinary 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									
Money in Transit										
SR.NO	Money in safe	From	То	Annual Carrying						
				Approx Annual Carrying	Limit Per Transit (max. 3					
				(Rs).	lacs) (Rs.)					
1	0	Insured Premises	bank and back	300000	100000					

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) </th <th>Total Annual Wages / Salaries</th> <th>Contract Workers (attach details)</th> <th>Sum Insured</th>	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.



#### **Proposal Form**

					PERSO	NAL ACCIDE	NT					
Name	age	Occu	pation	Any Infi Disab	rmity /	Nomine Name		Relation	Catetory / II / III	Beni Tab	le	Captial Sum Insured (Rs)
As per Annexure												
1.Covers only perso covers are available			-				-	aldisability &	temporary t	otal disabi	lity	
					PUBL	IC LIABILITY	/					
Labili	ty Type		Paid	Up Captial (RS.)		Annual Tu Over(Rs.)			One Accide Limit (Rs.)	nt		Any One Year ggregate (Rs.)
Non Ir	ndustrial			0		0			1000000			1000000
					В	AGGAGE						
									Sum In:	sured		
Covers accompanied business / personal carried during Trave	effects of	the Insured		/ Employees					0			
					F	IDELITY						
Premanent Empl	oyees	des	ignation		Depart	ment	Any	/ One Even	t Limit	it Any One Year Aggregate Limit		
As per Annexu	re											
G.Premium Details	i											
Mode_Of_payments						Debit Au	thorizat	tion				
Payments_Details						1026010	330855	544				
Amount						12,102						
I/We hereby assign and i further declare  I/ We hereby declar Proposal Form are contract between me	that his/f re that th true to t	ner/their rece ne value insu he best of r	pit shall b	AIG General be sufficient of	Insurand discharge De than ₹ 5	e to the compa eclaration by I Crore (Rupe	Limited any Insured ees Fiv	d. in the even	and the sta	tements m	nade	by me / Us in thi
If any additions or a the insurers immedia Date: 08/03/2022	alterations		out in th	e risk propo	sed after	the submiss	sion of	this proposi	- al form then	the same	sho	uld be conveyed t
Place: NASHIK	Place: NASHIK Signature of Proposer							of Proposer				
	Ve	ernacular Dec	laration (	Certification	in case th	he proposer h	nas sigr	ned in verna	acular/thumb	print):		
The content of this for who has understood Signature/Thumb im	and con	firmed the sa	me.	, terms/cond	itions and	d exclusions I	have be	een explaine	ed by me in v	/ernacular	to the	e proposer

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. 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.

Name & Signature of agent/intermediary:

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**

<ul><li>Nationality:</li></ul>	Indian Non-	-Indian		if Non-Indian,p	olease	specify Country:	
Type of Organization	ion Corporations  Gove	ernements	Non Gover	nmental Organizatior	ı 🔲	Society	
	Trust Parti	nership	Internation	al Organization		Cooperatives Se	ection 25 Company
Date:							
Place:			_			Signature	of Proposer
		Age	ent Declarati	on:			
submitted by him/he Insurance between a explained that if ar statement, submission if there has been a Company as null and	of the questions contained in this Proposal Form to the company and the Proposal y untrue statement(s)/ infons, furnished/to be furnished non-disclosure of any mat void and all premium paid unitary/Corporate Agent/Broker/Fil Person and code	questions conta oser, if this Pro ormation/respons I, the company erial fact, the p der the policy ma	nined herein oposal is a se(s) is/are shall have policy issue ay be forfeit	or any details sound company the component of the component of the company.	ight he npany Propo benefi oursuar	erein will form the bate for issuance of the sal Form/Including at the which may be pay	asis of the contract of Policy. I have further addendum(s), affidavits, vable and further more may be treated by the
Place:		Date:			Signatu	ure of Agent:	
GST Number:							
GST Address:							
Amount:							
Cheque/DD No:				A) TOTAL PREMIUI	M (ALL	Coverage Sections):	10,256
Date:	Valid upto:			B) GST : 1,846			
Bank:				A+B Total Amount F	Payable	e :12,102	
Direct Debit Authoris	sation			Transaction ID			
Sources of funds (plea	ase where (applicable):	Salary	Business	Other {Pleas	e spec	ify}	
Insured's PAN Card Num		ured's PAN Card N ase give details of a		absense of PAN Card, norized photo ID.	Pho	oto ID Type	Number:
1) No persosn shall	of Rebates - Section 41 of the allow or offer to allow, either of any kind of risk relation	ner directly or	indirectly, a	sa an inducement	to any	person to take o	r renew or contiune ar

- 1) No persosn shall allow or offer to allow, either directly or indirectly, as 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.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before conluding a sale.





ANNEXURE "A" to COVERAGE SECTION "A"
Attached to and forming part of the Policy No. 5182239252

Insured: CAFE BLUEZ

Location of Risk: 421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD

GUJARAT,,,380006,AHMEDABAD,AHMEDABAD

Occupancy: Cafes & Restaurants

Sr.No:	Risk Description	Sum Insured (Rs.)
1	Building	10,000,000
2	Stocks	100,000
3	Furniture and Fixture / Off. Equipment	1,700,000
4	Plate Glass	100,000
5	Neon sign	100,000
	Total Sum Insured	12,000,000

Fire Remarks: RN716639





ANNEXURE "B" to COVERAGE SECTION "B"
Attached to and forming part of the Policy No. 5182239252

Insured: CAFE BLUEZ

Location of Risk: 421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD

GUJARAT,,,380006,AHMEDABAD,AHMEDABAD

Occupancy: Cafes & Restaurants

Sr.No:	Risk Description	First Loss Limit	Sum Insured (Rs.)
1	Stocks		100,000
2	Furniture and Fixture / Off. Equipment		1,700,000
	Total Sum Insured		1,800,000

**Burglary Remarks:** 



Tata AIG General Insurance Company Limited.

ANNEXURE "C" to COVERAGE SECTION "C"
Attached to and forming part of the Policy No. 5182239252

#### **MONEY IN SAFE & MONEY IN TRANSIT**

Money in Premises Coverage	Insured Premises & Location	Particulars of each safe	Limit of Liability any one occurrence (Rs.)
In Safe	421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD GUJARAT,,,380006,AHMEDABA D,AHMEDABAD	STANDARD	0
Out of Safe during Business hours			
Loss or Damage to Insured Safe			
Money in Transit Coverage	Location	Transit Between From and To	Limit of Liability any one occurrence (Rs.)
Wages/Salaries Business Cash	421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD GUJARAT,,,380006,AHMEDABA D,AHMEDABAD	INSURED PREMISES - BANK & VICE VERSA	100,000
Other than Wages/Salaries			

Estimated Annual Turnover: Rs.300,000

#### MONEY IN TILL/COUNTER

Money in Premises Coverage	Insured Premises & Location	Particulars of each Till / Counter	Limit of Liability any one occurrence (Rs.)
In Till	421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD GUJARAT,,,380006,AHMEDABA D,AHMEDABAD	AT COUNTER	100,000
Out of Till/Counter during Business hours			
Loss or Damage to Insured Till/Counter			

Money Remarks:





ANNEXURE "G" to COVERAGE SECTION "G" Attached to and forming part of the Policy No. 5182239252

Insured: CAFE BLUEZ

Risk Location:: 421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD

GUJARAT,,,380006,AHMEDABAD,AHMEDABAD

Location of Plate Glass	Specification of Plate Glass	Dimension of Plate Glass	Sum Insured
Insured Premises	ALL GLASSES AT INSURED PREMISES, PLATE GLASS, FIXED GLASS		100,000
Total Sum Insured			100,000

Plate Glass Remarks:





ANNEXURE "S" to COVERAGE SECTION "S" Attached to and forming part of the Policy No. 5182239252

Name of the Insured: CAFE BLUEZ

Risk Location: 421, 4TH FLOOR, SUPERMALL, C.G.ROAD, NEAR LAL BUNGLOW,,AHMEDABAD

GUJARAT,,,380006,AHMEDABAD,AHMEDABAD

Type of Sign (Metal / Plastic / Glow Sign / Neon Sign)	Dimensions ( and length of tubing in case of Neon Sign)	Position of Sig & Method of Fixing	Description of Materials utilised	Location of Sign	Sum Insured (Rs.)
Neon Sign	ТВА	ТВА	ТВА	Insured Premises	100,000
Total Sum Insured					100,000

Neon Sign Remarks:



Tata AIG General Insurance Company Limited.

# COMMUNICABLE DISEASE ENDORSEMENT (For use on property policies) Attached to and forming part of the Policy No. 5182239252

- 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

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.



Tata AIG General Insurance Company Limited.

# Theft Extension Clause Attached to and forming part of the Policy No. 5182239252

Extended to cover 'theft' but excluding theft committed by or with the connivance of the Employees or hires or agents or representatives or custodians responsible for the insured property or by members of the household of the Insured.

The Company shall in no event to liable for any loss or damage where such loss or damage is:

- discovered during any process of stock taking or inventory reconciliation
- due to non-return of the insured property by the agent/custodian/hirer or any other third party to whom the insured property was given in custody by the Insured or his representative.
- following removal of the insured property from location it is stated as situated
- during or after the occurrence of any fire, riot, strike, earthquake or other convulsion of nature affecting the location where the insured property is situated.
- following the insured property being left unsecured or unattended
- is in excess of the stated limit of indemnity for each and every loss and nor in excess of the stated aggregate limit of indemnity.