

S3 Roll Over New_5160407776_620352098126_TrackOn_687610



Date: 24/08/2022

D N ENTERPRISE

7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.
DR. PARMAR HOSPITAL, GANDHINAGAR
MANSA-382845
GANDHINAGAR
GUJARAT
INDIA

Policy No .: 5160407776

Client ID : 6114490765

Dear Sir / Madam,

We thank you for choosing Tata AIG General Insurance Company Ltd. as your preferred insurer. Your Policy No. is **5160407776** 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.: 5160407776
 INSURED NAME : D N ENTERPRISE.

PERIOD OF INSURANCE
 From : 24/08/2022 00:00 Hrs
 To : 23/08/2023 23:59 Hrs

COMMUNICATION ADDRESS:- 7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR,,MANSAGANDHINAGAR,GUJARAT,382845

GSTIN Number : 24AXYPP4138P1ZH
 Place of supply : GUJARAT
 State code : 24

TELEPHONE NO. (LANDLINE NO.):
 MOBILE NO.: 9714989898
 EMAIL: pancholi.tejas@gmail.com

CONTACT PERSON DETAILS
 (where proposer is not an individual)
 a.Name:
 b.Designation:
 Additional Insured : .

RISK LOCATION ADDRESS: 7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR,,382845,MANSAGANDHINAGAR
 OCCUPANCY: Office premises / Meeting Rooms

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	1,000,000
		Furniture Fixture or Office Equipment	500,000
B	Burglary	Furniture and Fixture or Office equipment	500,000
C	Money Insurance	Money in Safe (Refer Annexure C)	10,000
		Money in Transit - Rider Attached (Refer Annexure C)	10,000
		Money in Till / Counter (Refer Annexure C)	10,000
R	All Risks - Portable Equipment	Refer Annexure R	187,117

Gross Premium:	Rs.3,574
Special Discount / Sectional Discount:	Rs.0
Net Premium:	Rs.3,574
IGST @18 %:	Rs.643
Total Amount (Rounded Off):	Rs.4,217
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

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.

COVERAGE SECTION A (FIRE):

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

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 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
- 5) RSMD Covered

COVERAGE SECTION C (MONEY IN SAFE)

- 1) Warranted keys/combination notes of safe not to be left on premises
- 2) Warranted money not to be left unattended anytime anywhere
- 3) Warranted existing protection, detection and alarm systems to be in full operation at all times
- 4) Warranted daily reconciliation of carryings /transactions

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

COVERAGE SECTION R (ALL RISKS - PORTABLE EQUIPMENT)

- 1) Warranted insured items to be personally hand-carried whilst in transit. Further warranted that recoveries from carriers/agents be promptly pursued in respect of equipment/instrument undelivered/delivered damaged if taken into the custody of carriers
- 2) Excluding Terrorism Damage
- 3) Geographical Limit- Worldwide
- 4) The Sum insured shall be equal to the cost of replacement of the insured property by new property of the same kind and same capacity, which shall mean its replacement cost including freight, dues and customs duties, if any.
- 5) Complete details of relevant equipments will be required before attachment of cover; in absence, coverage will be limited to equipments listed in the Insureds asset register forming part of the balance sheet.

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

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

- Basis of Indemnity shall be Partial Loss - expenses necessarily incurred to restore the damaged machine to its former state of serviceability plus the cost of dismantling and re-erection incurred for the purpose of effecting the repairs as well as ordinary freight to and from a repair-shop customs duties and dues if any, to the extent such expenses have been included in the Sum Insured.No deduction shall be made for depreciation in respect of parts replaced, except those with limited life, but the value of any salvage will be taken into account. If the cost of repairs as detailed hereinabove equals or exceeds the actual value of the equipment insured immediately before the occurrence of the damage, the settlement shall be made on Total Loss basis as provided for below.Total Loss - actual value of the item immediately before the occurrence of the loss, including costs for ordinary freight, erection and customs duties if any, provided such expenses have been included in the sum insured, such actual value to be calculated by deducting proper depreciation from the replacement value of the item. The Company will also pay any normal charges for the dismantling of the machinery destroyed, but the salvage will be taken into account.
- 6) Theft, Electrical and mechanical breakdown are Included
 - 7) Warranted that Single equipment value should not exceed 2 lakh

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 SAFE)

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

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
- 3) Single carrying limit Excess: 2% of claim amount subject to minimum of 2500

COVERAGE SECTION R (ALL RISKS - PORTABLE EQUIPMENT)

- 1) 5% 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.
- 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 : 27-Sep-2022

The stamp duty of Rs.0.50/- paid in cash or demand draft or by pay order, vide Receipt/Challan no:LOA_NO.CSD/426/2022/3320 dated the 01/08/2022

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,KAPADIA COMMERCIAL COMPLEX,OPP-JANALAKSHMI BANK(HO) OLD AGRA ROAD,,NASHIK,MAHARASHTRA,NASHIK-422002.

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

RECEIPT

Receipt No. 102601034447770

Receipt Date: 24/08/2022

Policy No: 5160407776

Received with thanks from D N ENTERPRISE a sum of `4217(Rupees Four Thousand Two Hundred Seventeen And Paise Zero Only)vide Credit / Debit Card No 9999XXXXXXX dated 24/08/2022 Name as in credit/debit card - drawn on , NASHIK branch towards

Sl.No.	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹
1	5160407776	4217	4217	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

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	NASHIK-0260
Intermediary/Agent Name & Code(if any)	JAINUINE INSURANCE BROKERS PVT LTD 0008731004

A. Details about Proposer and Policy Period

Name Of Proposer	D N ENTERPRISE		
Address of Proposer	7/A, FIRST FLOOR, NARAYAN PLAZA, OPP. DR. PARMAR HOSPITAL, GANDHINAGAR MANSNA-382845 GANDHINAGAR GUJARAT INDIA		
Email	pancholi.tejas@gmail.com,		
Contact person details	9714989898,		
Policy to be issued irfavour of (list out all the partieswho have insurable interest) includ the financial institutions	N/A	Period of Insurance	From: 24/08/2022 To: 23/08/2023

B.Business and Location of business

9.	Business of proposer	Office premises / Meeting Rooms
10.	Location of risk/ business to be covered - full postal addresswith inpin code Occupancy Age of unit Floor	7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR,,,382845,MANSNA,GANDHINAGAR Office premises / Meeting Rooms *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?	

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Tata AIG General Insurance Company Limited.

Proposal Form

16. Indicate whether AMC(Annual Maintenance Contract) for the Fire Protection Appliances is in force	
17. Construction details	
a. please state material used	
Walls	Pucca
Floor	Social
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
7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR, ,,382845,MANSARA,GANDHINAGAR	1,000,000		500,000					1,500,000

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Tata AIG General Insurance Company Limited.

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:
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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			
		From	To	Annual Carrying	
				Approx Annual Carrying (Rs).	Limit Per Transit (max. 3 lacs) (Rs.)
1	10,000	Insured Premises	bank and back	100000	10000

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.

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



Proposal Form

PERSONAL ACCIDENT

Name	age	Occupation	Any Infirmity / Disability	Nominee Name	Relation	Category I / II / III	Benefit Table A/B/C/D	Capital Sum Insured (Rs)
As per Annexure								

1.Covers only persons in the Age Group 18 to 65 years. 2.Death,permanent disability, partialdisability & temporary total disability covers are available. Temporary total disability is available only for class I & II employees.

PUBLIC LIABILITY

Liability Type	Paid Up Capital (RS.)	Annual Turn Over(Rs.)	Any One Accident Limit (Rs.)	Any One Year Aggregate (Rs.)
	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.	0

FIDELITY

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

G.Premium Details

Mode_Of_payments	Debit Authorization
Payments_Details	102601034447770
Amount	4,217

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: 24/08/2022

Place: NASHIK

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):3,574
Date:	Valid upto: B) GST : 643
Bank:	A+B Total Amount Payable :4,217
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

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ANNEXURE "A" to COVERAGE SECTION "A"
Attached to and forming part of the Policy No. 5160407776

Insured: D N ENTERPRISE

Location of Risk: 7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR,,,382845,MANSA,GANDHINAGAR

Occupancy: Office premises / Meeting Rooms

Sr.No:	Risk Description	Sum Insured (Rs.)
1	Building	1,000,000
2	Furniture And Fixure Or Office Equipment	500,000
	Total Sum Insured	1,500,000

Fire Remarks: NB2600328

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

Tata AIG General Insurance Company Limited.

ANNEXURE "B" to COVERAGE SECTION "B"
Attached to and forming part of the Policy No. 5160407776

Insured: D N ENTERPRISE

Location of Risk: 7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR,,,382845,MANSA,GANDHINAGAR

Occupancy: Office premises / Meeting Rooms

Sr.No:	Risk Description	First Loss Limit	Sum Insured (Rs.)
1	Furniture And Fixure Or Office Equipment		500,000
	Total Sum Insured		500,000

Burglary Remarks:

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

Tata AIG General Insurance Company Limited.

ANNEXURE "R" to COVERAGE SECTION "R"
Attached to and forming part of the Policy No. 5160407776

Insured: D N ENTERPRISE

Type of Equipment	Serial No.	Make	Year of Mfg.	Sum Insured (Rs.)
Asset Register Warranty	Asset Register Warranty	Asset Register Warranty	9999	187,117

Portable Equipment Remarks:

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

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

Tata AIG General Insurance Company Limited.

ANNEXURE "C" to COVERAGE SECTION "C"
Attached to and forming part of the Policy No. 5160407776

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 Out of Safe during Business hours Loss or Damage to Insured Safe	7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR,,,382845,MANS A,GANDHINAGAR	STANDARD	10,000
Money in Transit Coverage	Location	Transit Between From and To	Limit of Liability any one occurrence (Rs.)
Wages/Salaries Business Cash Other than Wages/Salaries Other than above	7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR,,,382845,MANS A,GANDHINAGAR	INSURED PREMISES - BANK & VICE VERSA	10,000

Estimated Annual Turnover : Rs.100,000

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 Out of Till/Counter during Business hours Loss or Damage to Insured Till/Counter	7/A, FIRST FLOOR, NARAYAN PLAZA, OPP.,DR. PARMAR HOSPITAL, GANDHINAGAR,,,382845,MANS A,GANDHINAGAR	AT COUNTER	10,000

Money Remarks:

COMMUNICABLE DISEASE ENDORSEMENT

(For use on property policies)

Attached to and forming part of the Policy No. 5160407776

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.

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**Theft Extension Clause
Attached to and forming part of the Policy No. 5160407776**

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 be 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.