



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

| Insured's Name | LAXMI COTSPIN LTD | · | | | | |
|------------------|---|-------------------------|----------------|----|---|--|
| Insureds Details | | Issuing Office Details | | | | |
| Customer ID | : | PO93163640 | Office Code | | SHIRDI (151806) | |
| Address | : GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION) JALNA .MAHARASHTRA, 431203 | | Address | | : Nagar Panchayat, SAI Prasad Shopping Complex, At Shirdi-Tal rahata Dist A`nagar,Shirdi ,423109 | |
| Phone No | : | | Phone No | 1: | 02423255179 | |
| E-mail/Fax | : | cfo@laxmicotspin.com, / | E-mail/Fax | : | nia.151806@newindia.co.in / | |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 | |
| GSTIN/UIN | : | 27AAECM5186A1ZL / NA | GSTIN | : | 27AAACN4165C3ZP | |
| | : | | SAC | | 997139 (Other non-life insurance services excl RI) | |

| Policy Details | | | | | | |
|---------------------|---|---|---|---|-------------------------------------|--|
| Policy Number | : | 15180646220100000009 | Business Source Code | | | |
| Period of Insurance | : | From: 14/02/2023 01:54:08 PM To: 13/05/2023 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt. Ltd (SI00028623), | | | |
| Date of Proposal | : | 14-Feb-23 | Agent/Bancassurance/S pecified Person | : | | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA | |
| Client Type | : | Non-Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, // | |

| Financier(s) Details | | |
|----------------------|------------------------|--|
| SI. No. | Name of the Financiers | |
| 1 | HDFC BANK LTD | |
| 2 | AXIS BANK LTD | |

| Premium(₹) | GST(₹) | Total(₹) | Total (₹ in words) | Receipt No. & Date | |
|------------------|--------|--------------------------------------|--|-------------------------------------|--|
| 10,000 | 1,800 | 11,801 | RUPEES ELEVEN THOUSAND EIGHT HUNDRED ONE ONLY | 1518068122000000044 4 - 14/02/23 | |
| Location Details | | AXMI COTSPIN LTD, AREHOUSE GODOWN | 1,2 &3 AT SAMANGAON KAJLA PHATA | A, JALNA AMBAD ROAD, | |

: NA First Loss Percentage

Details of assets covered under the Policy

| Stocks in Trade | | | | |
|-----------------|--------------------------------------|-------------|--|--|
| Sl. No. | STOCK DETAILS | Sum Insured | | |
| 1 | On stock of COTTON FULLY PRESS BALES | 4000000 | | |

| Goods held in Trust / Commision | | | | |
|---------------------------------|----------------------------------|---|--|--|
| SI. No. | . GOODS HELD DETAILS Sum Insured | | | |
| 1 | NA | 0 | | |

| Furniture / Fixture / Fittings | | | | |
|--------------------------------|------------------------------------|-------------|--|--|
| SI. No. | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured | | |
| 1 | NA | 0 | | |

| Office Equipments | | | | |
|-------------------|--------------------------|-------------|--|--|
| SI. No. | OFFICE EQUIPMENT DETAILS | Sum Insured | | |
| 1 | NA | 0 | | |



| Coins / Currency notes | | | | | |
|---|---------------------------|-------------|--|--|--|
| SI. No. COINS/CURRENCY/CURIOS DETAILS Sum Insured | | | | | |
| 1 | NA | 0 | | | |
| Descript | Description of other item | | | | |
| SI. No. | OTHER ITEM DETAILS | Sum Insured | | | |
| 1 | NA | 0 | | | |

| Add on Covers | Sum Insured (₹) |
|-----------------|-----------------|
| Other Extension | NOT OPTED |
| Theft Extension | NOT OPTED |
| Terrorism | NOT OPTED |

| Special Conditions | | LAXMI COTSPIN LTD, WAREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AMBAD ROAD, OPP MEENATAI THAKARE VRIDHASHRAM JALNA 431203 |
|--------------------|---|--|
| Excess | : | 1000 |

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR | | |
|---------|-------------|---------------|--------|--|
| Premium | | ₹ | 10,000 | |
| SGST | 9 | | 900 | |
| CGST | 9 | | 900 | |
| IGST | 0 | | 0 | |

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s)

on this 14th day of February, 2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 14/02/2023

Duly Constituted Attorney(s)

Mudrank______Dt._____consolidated Stamp Fees Paid by Pay Order Number______vide receipt number______ dt._____. Stamp Duty under the Policy is ₹1/-.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 15180622P0000523

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C