



NEW INDIA FLEXI SOOKSHMA UDYAM SURAKSHA POLICY UIN - IRDAN190RP0035V02202223

1. Insured's Details:

| Insured Name | : | SIDDHIVINAYAK COTTEX | E-mail Id/Fax | : | d.rajpuriya@gmail.com, / |
|--------------|---|---|---------------|----|--------------------------|
| Customer ID | : | POA3400722 | PAN No. | •• | |
| Address | | KUMBHARI MOHPA ROAD, SURVEY NO.144/2, BAILGAON MAUZA, UMRED, TQ. UMRED, DIST. NAGPUR UMRED,MAHARASHTRA, 441203 | | | 27ACVFS7609C1ZO / NA |
| Phone No. | : | | _ | | |

2. Issuing Office Details:

| Office Name | : | SHIRDI (151806) |
|-----------------|---|--|
| Office Code | : | 151806 |
| Address | : | Nagar Panchayat, SAI Prasad Shopping Complex, At Shirdi-Tal rahata Dist A`nagar,Shirdi |
| | | ,423109 MAHARASHTRA , 423109. |
| Phone No. | : | 02423255179 |
| E-mail Id/Fax | : | nia.151806@newindia.co.in / |
| S.Tax Regn. No. | : | AAACN4165CST178 |
| GSTIN | : | 27AAACN4165C3ZP |
| SAC | : | 997137 (Other property insurance services) |

3. Policy Details:

| Policy Number | : | 15180611238700000006 |
|--------------------------------------|----|---|
| Period of Insurance | •• | From: 02/05/2023 12:00:01 AM To: 01/06/2023 11:59:59 PM |
| Date of Proposal | : | 02-May-23 |
| Prev. Policy no. | : | |
| Client Type | : | Non-Corporate Non-Corporate |
| Business Source Code | : | |
| Dev.Off level./Broker | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623), |
| Agent/Bancassurance/SPECIFIED PERSON | •• | |
| Phone No. | : | 02402350377, 9850049400 / NA |
| E-mail Id/Fax | : | kailash@jainuineinsurance.co.in, // |

4. Collection Particulars:

| Premium | : | 25,800 |
|--------------------|---|--------------------------------|
| GST | : | 4,644 |
| Total (₹) | : | 30,445 |
| Receipt No. & Date | | 1518068123000000027 - 27/04/23 |

5. Policy Level Covers:

| Description of Property | : | As per Block Details | |
|--------------------------------|----------------|----------------------|-----------------------|
| Location Address with Pin Code | | As per Block Details | |
| Risk Description | : | As per Block Details | |
| Sum Insured | : | ₹ 40,000,000 | |
| Risk Serial No | Occupancy Code | | Occupancy Description |



| Risk Serial No | Occupancy Code | Occupancy Description |
|----------------|----------------|-----------------------------|
| 1 | 2063 | Cotton Gin and Press Houses |

Block Details: 6.

Building, Contents & Stocks or Building Contents & Stocks on Declaration basis is selected:

| Ri sk SI N o. | Location Address with Pin Code | Building including plinth, Basement and additional structure | Furniture & Fixtures, Fittings and other equipment | Plant & Machinery | Other Contents Details | Other Contents SI | Raw Material SI | Stocks in process SI | Finished Stock SI |
|---------------------------|--|--|--|----------------------|------------------------------|----------------------|--------------------|-------------------------|----------------------|
| 1 | Siddhivinayak Cottex, Kumbhari Mohpa Road, Survey No. 144/2, Bailgaon Mauza, Umred, Tq Umred, Dist. Nagpur-441203 | 20000000 | 0 | 20000000 | 0 | 0 | 0 | 0 | 0 |

| Risk | Location Address with Pin Code | Type of Construction - | Type of Construction - | Type of Construction - |
|--------|---|------------------------|------------------------|------------------------|
| SI No. | | Walls | Floor | Roof |
| 1 | Siddhivinayak Cottex, Kumbhari Mohpa Road, Survey No. 144/2, Bailgaon Mauza, Umred, Tq Umred, Dist. Nagpur- 441203 | Р | Р | Р |

7. Additional Covers:

a) Built-in Covers:

| Cover Name | Opted or Not |
|--|--------------|
| Additions, alterations or extensions | Yes |
| Temporary removal of stocks | Yes |
| Cover for specific content | Yes |
| Start-up expenses | Yes |
| Professional fees | Yes |
| Removal of debris | Yes |
| Costs compelled by Municipal Regulations | Yes |

| Cover Name | Opted or Not | Sum Insured |
|----------------|--------------|-------------|
| Floater Add-on | NO | 0 |

b) Add-on Covers:

(i)

| Cover Name | Opted or Not | Sum Insured |
|--------------------|--------------|-------------|
| Declaration Add-on | NO | 0 |

(ii)

| SI. No. | Add-on Covers | SI/Maximum limit of Indemnity | Availed/Not Availed | |
|---------|---------------|-------------------------------|------------------------|--|
|---------|---------------|-------------------------------|------------------------|--|



| 1 | Expenses for loss minimization / loss prevention | 5% of claim amount maximum up to ₹ 25 lakh | Not Availed |
|-----|---|---|-------------|
| 2 | Hire Purchase or Lease Agreements / Properties under Consignment, Care, Custody and Control | 5% of Sum Insured maximum up to ₹ 25 lakh | Not Availed |
| 3 | Inadvertent Omission | Maximum up to 5% of Sum Insured of Building, Machinery and FFF (except stocks) | Not Availed |
| 4 | Contamination and co-mingling of stocks of oil and chemicals only | Maximum up to 5% of Sum Insured of stock | Not Availed |
| 5 | Expediting expense | Maximum up to 5% of claim amount & maximum up to 25 lakhs | Not Availed |
| 6 | Escalation Cover | Selected % of SI not exceeding 25% of SI excl. SI of Stocks | Not Availed |
| 7 | Leakage and Overflow of Oils and Chemicals only | Upto 1% of Stocks SI AQA and ₹ 10 Lacs in aggregate | Not Availed |
| 8 | Claims Preparation Cost | 5% of claim amount max. ₹ 5 Lacs | Not Availed |
| 9 | Involuntary Betterment | 5% of claim amount max. ₹ 10 Lacs | Not Availed |
| 10 | Deterioration of Stocks in Cold Storage Premises | Specified Slupto Max. ₹ 25 Lacs | Not Availed |
| 11A | Spoilage Material Damage Cover for | Stocks in simplified blocks | Not Availed |
| 11B | Spoilage Material Damage Cover for | Machinery, Containers and Equipments in specified blocks | Not Availed |
| 12 | Loss of Rent | On Specified SI. Cover is limited to max. of 6 Months | Not Availed |
| 13 | Immediate Repair | Specified Slupto Max. of ₹ 5 Lacs | Not Availed |
| 14 | Brands and Trademark clause | Specified SI upto Max. of ₹ 10 Lacs | Not Availed |
| 15 | Impact damage due to Insureds own Rail/Road vehicle | Policy SI | Not Availed |

| 8.Sum Insured Summary : | | | | | | | |
|-------------------------|---|---|-----------------|--|--|--|--|
| SI. No. | Asset Description | | Sum Insured (₹) | | | | |
| 1. | Building including plinth, Basement and additional structures | : | 20,000,000 | | | | |
| 2. | Furniture & Fixtures, Fittings and other equipment | : | 0 | | | | |
| 3. | Plant & Machinery Sum Insured | : | 2,00,00,000 | | | | |
| 4. | Other Contents Sum Insured | : | 0 | | | | |
| 5. | Raw Material Sum Insured | : | 0 | | | | |
| 6. | Stocks in process Sum Insured | : | 0 | | | | |
| 7. | Finished Stock Sum Insured | : | 0 | | | | |
| 8. | Stocks Held in Trust Sum Insured | : | 0 | | | | |
| | Total Sum Insured | : | 40,000,000 | | | | |

| 9. Terrorism/EQ/STI | | | | | | | | |
|---------------------|---|----|--------------------|---|-----|--------------|---|-----|
| Terrorism Covered | : | NO | Earthquake Covered | : | Yes | STFI Covered | : | Yes |
| | | | | | , | | - | • |

| 10. H | 10. Hypothecation Details : | | | |
|-------|-------------------------------|--|--|--|
| SI.No | SI.No. Name of the Financiers | | | |
| 1 | BANK OF BARODA HINGANGHAT | | | |

| 11. Coinsurance Details : | | | | | | | | |
|---------------------------|------------------|---------|-------------|---------|---------------|--|--|--|
| SI.No. | Coinsurance Type | Company | Office Code | % Share | Premium Share | | | |
| 1 | NOT OPTED | | | | | | | |

12. Subjectivities:

The insurance under this policy is subject to



| Special Conditions | | : | : All types of Buildings,Godown,Sheds,Wall compound,Water tank etc. All types of Plant/Mach,Elect installation,Weigh bridge,D.G set,Transformers,Elect poles, Fire Fighting Equipments,Elect Motors and all other accessories,spares etc,pertaining to Insured's trade whilst installed &/or lying in factory Premises | | | |
|----------------------------|---------------------|---------------------------|---|--|---|--|
| Warr anty Num ber | Secti on Code | Occu panc y Code | Warranty Title | | Wordings | |
| W1 | I | NA | Warranty for FEA Installations | Warranted that Fire extinguishing Appliances (FEA) installations are maintained in efficient working conditions and Annual Maintenance Contract (AMC) with external agency is in force. For industries / establishments having full fledged Fire & safety and / or Maintenance department with well drawn out and documented maintenance standards, AMC with external agency is not mandatory. | | |
| Specia | al Exclu | usion | | : | NA | |
| Claus | es / In- | -built C | Jovens | • | < HIDDEN_TERRCOVER7>> (2) Additions, alterations, or extensions: Property that are erected, acquired, or added during the Policy Period is covered upto 15% of the Sum Insured for that item (excluding stocks) (3) Temporary removal of stocks: Loss to stock temporarily removed to other premises for fabrication, processing or finishing upto 10% of value. (4) Cover for Specific Contents: Cover for Money upto ?50,000 (Rupees Fifty Thousand) 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 and 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. | |
| | | | | | (6) rofessional fees: Reasonable fees of architects, surveyors and consulting engineers upto 5 % of the claim amount. (7) Cost for Removal of debris: Reasonable expenses for removal of debris upto 2 % of the claim amount. (8) Costs compelled by Municipal Regulations: Additional cost of reconstruction of property incurred solely for complying with municipal regulations | |
| Risk C | overed | t | | : | As per Risk covered attached | |
| Fire P | roducts | s-Exclu | ısions | : | As per Exclusions attached | |

13. A) Compulsory Deductible: ₹ 5000/- for each claim

14. Premium Details:

Premium Head Premium Amount (₹)

Net Premium under the policy 25,800 **GST** 4,644 Total premium including GST 30,445

Total premium including GST(In words) RUPEES THIRTY THOUSAND FOUR HUNDRED FORTY-FIVE

| Premium and GST Details | | | | | | |
|-------------------------|-------------|---------------|--|--|--|--|
| | Rate of Tax | Amount in INR | | | | |
| Premium | | ₹ 25,800 | | | | |
| SGST | 9 | 2322 | | | | |
| CGST | 9 | 2322 | | | | |
| IGST | 0 | 0 | | | | |

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 27th day of April,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 27/04/2023

Duly Constituted Attorney(s)

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: 15180623P0000028

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C