



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name	:	VARUN SEEDS & FERTILIZERS			
Insureds Details			Issuing Office Details		
Customer ID	:	POA4916224	Office Code		AURANGABAD DO-160400 (160400)
Address	:	SHOP NO.1/912,1/913,1/914,1/835, & 1/836,(GROUND & 1SR FLOOR) MONDHA ,SAILU,DIST -PARBHANI SAILU ,MAHARASHTRA, 431503	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:		Phone No	:	02402333572 / 02402333361
E-mail/Fax	:	varunseeds9@gmail.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	:	AAEFV3509R	S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	27AAEFV3509R1ZK / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details						
Policy Number : 16040046230100000036						
Period of Insurance	:	From: 05/05/2023 12:00:01 AM To: 04/05/2024 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	:	05-May-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	STATE BANK OF INDIA SME BR PARBHANI	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
3,000	540	3,540	RUPEES THREE THOUSAND FIVE HUNDRED FORTY ONLY	1604008123000000136 4 - 04/05/23
Location Details	: E	Back Side of Madina Masjid , near national Grain godown Sahkarwadi at post selu		

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade					
Sl. No.	STOCK DETAILS	Sum Insured			
1	All types of Fertilizer, seeds, , Pesticides	600000			

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.	SI. No. OFFICE EQUIPMENT DETAILS Sum Insured				
1	NA	0			

Coins / C	Currency notes	
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured

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



1		NΑ	4	0		
Descript	ion of other item					
SI. No.		R ITEM	M DETAILS	Sum Insured		
1	J	NA		0		
		I			1.70	
Other Ex	Add on Covers			Sum Insure NOT OPT	* *	
Theft Ex				NOT OPT		
Terrorisi				NOT OF		
TCITOTISI				1101 011		
Special (Conditions	: C	On Stock of All types of Fertilizer, Such other Goods Pertaining to	seeds, 'Pest insured's T	ticides rade	
Excess		: 1	L000			
Premium	and GST Details		Rate of Tax	Amou	unt in INR	
Premium				₹	3,000	
SGST			9	270		
CGST			9	270 0		
set his (ss whereof the undersigned b their) hand(s))4th day of May,2023.	eing c	duly authorised by the Insurers ar	nd on behal	f of the Insurers has (have) hereunder	
Date of	lssue: 04/05/2023			The Nev	For and on behalf of w India Assurance Company Limited	

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.

__consolidated Stamp Fees Paid by Pay Order Number_____vide receipt

___Dt.____consolidated Stamp Fees Paid by __dt._____. Stamp Duty under the Policy is ₹1/-.

number

Tax Invoice No: 16040023P0001959

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Duly Constituted Attorney(s)