



POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Others)

UIN NUMBER - IRDAN190P0082100001

Insured's Name	: JAINUINE INSURANCE BROKER'S PVT.LTD.		
Insured's Details		Issuing Office Details	
Customer ID	: PO35200733	Office Code	: JALNA BRANCH (160501)
Address	: AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001 AURANGABAD ,MAHARASHTRA, 431001	Address	: K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
Phone No	: XXXXXX9400	Phone No	: 02482232708 / 02482232709
E-mail/Fax	: kailash@jainuineinsurance.co.in, /	E-mail/Fax	: nia.160501@newindia.co.in /
PAN No	: AAICS0826K	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAICS0826K1Z5 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050136230200000001	Business Source Code	
Period of Insurance	: From: 02/07/2023 02:09:31 PM To: 01/07/2024 11:59:59 PM	Dev.Off. level/Broker/Web Aggregator/CPSC User	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
Date of Proposal	: 02-Jul-23	Agent/Bancassurance/ Specified Person	
Prev. Policy no.	: 16040136220200000001	Phone No	: 02402350377, 9850049400 / NA
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total (₹)	Total:(₹ in words)	Receipt No. & Date
12,800	2,304	15,104	RUPEES FIFTEEN THOUSAND ONE HUNDRED FOUR ONLY	1605018123000000278 3 - 02/07/23

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada
02/07/2008	India	India	80000000	1:1	80000000	AMT	0	0	0

Retroactive Dates

Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada



RETROACTIVE DATE 1	02/07/2008	India	India	84000000	1:1	84000000	Percentage	0	0	0
RETROACTIVE DATE 2	02/07/2008	India	India	72500000	1:1	72500000	Amount	0	0	0
RETROACTIVE DATE 3	02/07/2008	India	India	80000000	1:1	80000000	Amount	0	0	0

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

Description of Business	Address of Business Premises	Compulsory Excess	Voluntary Excess
general insurance broker	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001	NA	0

Details of Business	Address of Business Premises	No of Qualified Person	No of Administrative Staff	Compulsory Excess	Voluntary Excess
general insurance broker	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001	0	0	0	0

Total Annual Fees/Wages Payable	Compulsory Excess	Details of Business	Address of Business Premises	Voluntary Excess
0	NA	general insurance broker	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001	0

Category of Establishment	Unqualified Staff Covered	No of Members	Compulsory Excess	Voluntary Excess
NA	NA	NA	NA	0

Sl.No.	Type of Service
1	

Details of Business	Address of Business Premises	Professional Category	Excess	Voluntary Excess
general insurance broker	AURANGABAD BUSINESS CENTRE (ABC WEST), BLOCK NO. E-5, LEVEL 4, OPP. DISTRICT COURT, ADALAT ROAD, AURANGABAD- 431001	general insurance broker	25000	0

Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension

Amount & Percentage of Deductible Type/for Extension	Value
Special Conditions	excess of 0.5% of claim amount to the minimum of ₹ 25000/- Renewal of The New India Assurance co Ltd P. no-15180036210200000010 expiry date 01/07/2022
Special Exclusions	NA

This Policy shall be subject to PROFESSIONAL INDEMNITY INSURANCE policy clauses attached herewith



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 12,800
SGST	9	1152
CGST	9	1152
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 02nd day of July, 2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 02/07/2023

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

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 : 16050123E0003088

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C