



POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

UIN NUMBER - IRDAN190P0098100001

Insured's Name		VARUN SEEDS & FERTILIZERS				
Insureds C		Insureds Details	ureds Details		Issuing Office Details	
Customer ID		POA4916224	Office Code	:	JALNA BRANCH (160501)	
Address	:	SHOP NO.1/912,1/913,1/914,1/835, & 1/836,(GROUND & 1SR FLOOR) MONDHA ,SAILU,DIST -PARBHANI	Address	:	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203	
		SAILU ,MAHARASHTRA, 431503				
Phone No			Phone No	:	02482232708 / 02482232709	
E-mail/Fax	:	varunseeds9@gmail.com, /	E-mail/Fax	:	nia.160501@newindia.co.in /	
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 : 16050146230100000100 Business Source Code						
Period of Insurance	:	From: 08/09/2023 03:50:11 PM To: 07/09/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	level/Broker/Corp. Agent/Web (DA3388757) Jainuine Insurance Brokers Pvt.Ltd		
Date of Proposal	:	08-Sep-23	Agent/Bancassurance/S pecified Person	:		
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA	
Client Type	T:	Non-Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //	

Financier(s) Details		
SI. No. Name of the Financiers		
1	1 STATE BANK OF INDIA SME BR PARBHANI	

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date	
10,000	1,800	11,800	RUPEES ELEVEN THOUSAND EIGHT HUNDRED ONLY	1605018123000000513 6 - 08/09/23	
Location Details		: VARUN SEEDS & FERTILIZERS,SHOP SHOP NO.1/912,1/913,1/914,1/835, & 1/836,(Ground & 1sr Floor),SAILU,			

First Loss Percentage : NA

Details of assets covered under the Policy

Stocks in Trade					
SI. No.	STOCK DETAILS	Sum Insured			
1	All types of Fertilizer, seeds, , Pesticides	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 / C	Currency notes	
SI. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured

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



			ASSURBS!		
1		N	A		0
Descript	ion of other item				
SI. No.		ITEI	M DETAILS		Sum Insured
1		N/			
0.1 5	Add on Covers			Sum Insur	
Other Ex				NOT OPT	
Terrorisi				NOT OP	
TEITOITSI				NOT OF	ill
Special	Conditions	: (On Stock of All types of Fertilizer, Such other Goods Pertaining to	seeds, ,Pesi	ticides rade
Excess		\neg	1000	ilisuleu s I	Taue
	cy shall subject to BURGLARY r				
	,				
Premium	and GST Details				
			Rate of Tax	Amou	unt in INR
Premium				₹	10,000
SGST			9	900	
CGST			9	900	
IGST			0	0	
In witnes set his (ss whereof the undersigned be their) hand(s)	ing	duly authorised by the Insurers a	nd on behal	f of the Insurers has (have) hereunder
on this C	8th day of September,2023.				
					For and on behalf of
				The Nev	w India Assurance Company Limited
Date of	Issue: 08/09/2023				
Date of	13340. 00/03/2023				
					Duly Constituted Attorney(s)
NA. salasa - L	. Di		detect Change Face Baildle Bar C	al a sa Nissana l	
Mudrank			dated Stamp Fees Paid by Pay Or	uer Number	vide receipt

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.

____dt._____. Stamp Duty under the Policy is ₹1/-.

Tax Invoice No: 16050123P0005946

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C