



NEW INDIA FLEXI SOOKSHMA UDYAM SURAKSHA POLICY
UIN - IRDAN190RP0035V02202223

1. Insured's Details :

| | | | |
|--------------|--|---------------|-----------------------------|
| Insured Name | : MULCHAND PHULCHAND KRISHI UDYOG PVT LTD | E-mail Id/Fax | : admnmulchand@gmail.com, / |
| Customer ID | : PO99850904 | PAN No. | : |
| Address | : D-1,MIDC AREA, JALNA JALNA ,MAHARASHTRA, 431203 | GSTIN/UIN. | : 27AAECM0540Q1Z8 / NA |
| Phone No. | : | | |

2. Issuing Office Details :

| | |
|-----------------|---|
| Office Name | : RAHURI BRANCH 151804 (151804) |
| Office Code | : 151804 |
| Address | : SITAPLAZA COMPLEX, NAGAR MANMAD ROAD RAHURI,413705 MAHARASHTRA , 413705. |
| Phone No. | : 02426233069 / 02426233070 |
| E-mail Id/Fax | : nia.151804@newindia.co.in / 02426233070 |
| S.Tax Regn. No. | : AAACN4165CST178 |
| GSTIN | : 27AAACN4165C3ZP |
| SAC | : 997137 (Other property insurance services) |

3. Policy Details :

| | |
|--------------------------------------|---|
| Policy Number | : 15180411238700000006 |
| Period of Insurance | : From: 19/09/2023 12:00:01 AM To: 18/09/2024 11:59:59 PM |
| Date of Proposal | : 19-Sep-23 |
| Prev. Policy no. | : |
| Client Type | : 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 | : 120,601 |
| GST | : 21,708 |
| Total (₹) | : 1,42,309 |
| Receipt No. & Date | : 15180481230000002400 - 20/09/23 |

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 | : ₹ 45,000,000 | |
| Risk Serial No | Occupancy Code | Occupancy Description |
| 1 | 2063 | Cotton Gin and Press Houses |



6. Block Details :

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

| Risk SI No. | 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 | Mulchand Phulchand Krishi Udyog Pvt Ltd, D-1, MIDC area, Jalna 431203 | 10000000 | 0 | 30000000 | ELECTRICAL INSTALLATION | 5000000 | 0 | 0 | 0 |

| Risk SI No. | Location Address with Pin Code | Type of Construction - Walls | Type of Construction - Floor | Type of Construction - Roof |
|-------------|---|------------------------------|------------------------------|-----------------------------|
| 1 | Mulchand Phulchand Krishi Udyog Pvt Ltd, D-1, MIDC area, Jalna 431203 | P | P | P |

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)

| Sl. 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 : | | | |
|---------------------------------|---|---|------------------|
| Sl. No. | Asset Description | | Sum Insured (₹) |
| 1. | Building including plinth, Basement and additional structures | : | 10,00,000 |
| 2. | Furniture & Fixtures, Fittings and other equipment | : | 0 |
| 3. | Plant & Machinery Sum Insured | : | 3,00,00,000 |
| 4. | Other Contents Sum Insured | : | 50,00,000 |
| 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 | : | 45,00,000 |

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

| 10. Hypothecation Details : | |
|------------------------------------|---------------------------------------|
| Sl.No. | Name of the Financiers |
| 1 | STATE BANK OF INDIA IFB BR AURANGABAD |

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

12. Subjectivities :

The insurance under this policy is subject to



| | | | | |
|---------------------------------|---------------------|-----------------------|-----------------------|---|
| Special Conditions | | | | : REINSTATEMENT CLAUSE BASIS, BUILDING ₹1,00,00,000/-, MACHINERY ₹3,00,00,000/-, ELECTRICAL INSTALLATION ₹50,00,000/-,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, |
| Warranty Number | Section Code | Occupancy Code | Warranty Title | Wordings |
| Special Exclusion | | | | : NA |
| Risk Covered | | | | : As per Risk covered attached |
| Fire Products-Exclusions | | | | : As per Exclusions attached |

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

14. Premium Details :

| Premium Head | Premium Amount (₹) |
|---------------------------------------|---|
| Net Premium under the policy | : 1,20,601 |
| GST | : 21,708 |
| Total premium including GST | : 1,42,309 |
| Total premium including GST(In words) | : RUPEES ONE LAC FORTY-TWO THOUSAND THREE HUNDRED NINE ONLY |

| Premium and GST Details | | |
|-------------------------|-------------|---------------|
| | Rate of Tax | Amount in INR |
| Premium | | ₹ 1,20,601 |
| SGST | 9 | 10854 |
| CGST | 9 | 10854 |
| IGST | 0 | 0 |

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 20th day of September,2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 20/09/2023

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 : 15180423P0002928

| |
|---|
| IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C |
|---|