



POLICY SCHEDULE FOR SHOPKEEPERS INSURANCE

| Insured's Name | : | ARIHANT AGRO AGENCIES PRO ABHA | Y BAGCHAND JAIN | | |
|----------------|---|---------------------------------------------------------------------------------|------------------------|---|-----------------------------------------------------------------------------|
| | İ | nsured's Details | Issuing Office Details | | uing Office Details |
| Customer ID | : | POB1123728 | Office Code | : | DO II AURANGABAD (160500) |
| Address | : | TONDAPUR ROAD, WAKADI, GAT NO. 5, TAL. JAMNER, JALGAON 425001 MAHARASHTRA | Address | : | LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD |
| | | JALGAON ,MAHARASHTRA, 425001 | | | ,431003 JALGAON |
| Phone No | : | XXXXXX3495 | Phone No | : | 02402482688 / 02402480985 |
| E-mail/Fax | : | aajayjain@gmail.com, / | E-mail/Fax | : | nia.160500@newindia.co.in / 02402486895 |
| PAN No | : | | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27ANJPJ8884B1ZO / NA | GSTIN | : | 27AAACN4165C3ZP |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | | |
|---------------------|---|---------------------------------------------------------|-------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------|--|
| Policy Number | : | 16050048230600000367 | Business Source Code | | | |
| Period of Insurance | : | From: 11/01/2024 04:31:48 PM To: 10/01/2025 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent/IMF/Web Aggregator/CPSC User | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623), | |
| Date of Proposal | : | 11-Jan-24 | 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 | PRIYADARSHANI NAGARI SAHAKARI BANK LTD | | | |

| Premium(₹) | GST(₹) | Total (₹) | Total (₹ in words) | Receipt No. & Date |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------|-------------------------------------|
| 3,789 | 682 | 4,471 | RUPEES FOUR THOUSAND FOUR HUNDRED SEVENTY- ONE ONLY | 1000008923010038037 4 - 11/01/24 |
| Shop Address | ARIHANT AGRO AGENCIES PRO ABHAY BAGCHAND JAIN TONDAPUR ROAD, WAKADI, GAT NO. 5, TAL. JAMNER, JALGAO 425001 MAHARASHTR | | | |
| Nature of Business trade | | AGRI. GOODS, FEF | RTILIZERS, PEST | |

| | Section wise Premium Details: | | | | | |
|---------|---------------------------------------------------------------|-------------|------------|-----------------------------------------------------------------|--|--|
| Section | Decription Cover | Sum Insured | Premium(₹) | Excess | | |
| 1A | Fire and allied perils-Building of Class A construction only | NOT OPTED | NOT OPTED | 5 % of Claim Amount subject to a minimum of ₹ 10000 | | |
| 1B | Fire and allied perils-Contents Excluding Money and valuables | 2200000 | 1870 | 5 % of Claim Amount subject to a minimum of ₹ 10000 | | |
| 2 | Burglary and House breaking | 2200000 | 1980 | NIL | | |
| 3A | Section 3A(Money in transit) | 50000 | 240 | NIL | | |
| 3B | Section 3B(Money in till or counter during business hours | 10000 | 240 | NIL | | |
| 3C | Money in locked safe in office outside business hours | 20000 | 240 | NIL | | |
| 4 | Pedal Cycle | NOT OPTED | NOT OPTED | NIL | | |



| 5 | Plate Glass | NOT OPTED | NOT OPTED | 1% of Claim Amount. |
|-----|--------------------------------|-----------|-----------|---------------------------------------------------------------------------------------------|
| 6 | Neon and Glow sign | 2000 | 20 | NIL |
| 7 | Baggage Insurance | 1000 | 7 | NIL |
| 8 | Personal Accident | NOT OPTED | NOT OPTED | NIL |
| 9 | Fidelity Guarantee | NOT OPTED | NOT OPTED | NIL |
| 10A | Public Liability Insurance | 10000 | 10 | NIL |
| 10B | Workmens Compensation | NOT OPTED | NOT OPTED | NIL |
| 11 | Electronic Equipment Insurance | NOT OPTED | NOT OPTED | The first 5% of Claim Amount subject to minimum of ₹2500 in respect of each and every loss. |
| 12 | Business Interruption | NOT OPTED | NOT OPTED | 7 Days of Gross Profit. |

| | Details under: Sec1B Fire and allied perils-Contents- Excluding Money and valuables | | | | | |
|--------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------|--|--|--|
| SI No: | Item | Description | Sum Insured | | | |
| 1 | Stock in Trade including Goods Held in Trust | ALL KINDS OF FERTILIZERS,PESTICIDES,SEEDS WITH PACKING LOOSE | 2000000 | | | |
| 2 | Furniture, Fixtures and Fittings | Shop Furniture, FITTING & FIXTURE | 200000 | | | |

| | Details under: Sec2 Burglary and Housebreaking | | | | | |
|--------|---------------------------------------------------|----------------------------------------------------------------------|-------------|--|--|--|
| SI No: | Item | Description | Sum Insured | | | |
| 1 | 1 Furniture, Fixtures and Fittings | Shop Furniture, FITTING & FIXTURE | 200000 | | | |
| 2 | 2 Stock in Trade including Goods Held in Trust | ALL KINDS OF FERTILIZERS, PESTICIDES, SEEDS WITH PACKING LOOSE | 2000000 | | | |

| | Details under: Sec3 (Money Insurance) Cash in transit | | | | | |
|--------|-------------------------------------------------------|-------------------------------------------------------|-------------|--|--|--|
| SI No: | Item | Description | Sum Insured | | | |
| 1 | Section 3A | Money in Transit | 50000 | | | |
| 2 | Section 3B | Money in till or counter during business hours) | 10000 | | | |
| 3 | Section 3C | Money in locked safe in office outside business hours | 20000 | | | |

| | Details under: Sec6 Neon Sign | | | | | |
|-------|------------------------------------------------------------------|--------------------------------------------|-------------|--|--|--|
| SI No | Make and Name of Manufacturer Details1 for Neon and Glow sign | Year of Manufacture for Neon and Glow sign | Sum Insured | | | |

| | Details under: Sec7 Baggage Insurance | | | | | | |
|-------|---------------------------------------|---------------------------------------------------------------|-------------|--|--|--|--|
| SI No | | Personal effects of the insured /partners/Authorized employee | Sum Insured | | | | |
| 1 | 1000 | 0 | Sum Insured | | | | |

| Details under: Sec10A Public Liability | | | | |
|----------------------------------------|--------|--|--|--|
| | Amount | | | |
| Limit of Liability | 10000 | | | |

| Addon Covers | Sum Insured (₹) |
|--------------|-----------------|
|--------------|-----------------|

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



| Special Conditions | : | STOCK IN TRADE CONSISTING OF ALL KINDS OF FERTILIZERS, PESTICIDES, SEEDS WITH PACKING &/OR LOOSE |
|--------------------|---|--------------------------------------------------------------------------------------------------|
| Excess | : | 0 |

The Policy shall be subject to SHOPKEEPERS INSURANCE policy clauses attached herewith.

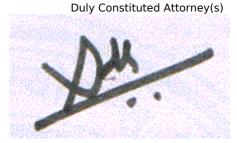
Premium and GST Details

Date of Issue: 11/01/2024

| | Rate of Tax | Amount in INF | ₹ |
|---------|-------------|---------------|---|
| Premium | | ₹ 3,789 |) |
| SGST | 9 | 341 | |
| CGST | 9 | 341 | |
| 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 11th day of January,2024.

For and on behalf of The New India Assurance Company Limited



(Mr. SANDESH KAMLAKAR) [SR. DIV. MANAGER]

| Mudrank | Dt | consolidate | ed 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: 16050023P0014081

IRDA Registration Number: 190 **NIA PAN NUMBER: AAACN4165C**