



POLICY SCHEDULE FOR MONEY INSURANCE

UIN NUMBER - IRDAN190P0127100001

Insured's Name	: MAHESH COTSPIN PVT LTD		
Insured's Details		Issuing Office Details	
Customer ID	: PO93431602	Office Code	: AURANGABAD DO-160400 (160400)
Address	: S.NO- 88/1, NANDED ROAD, AT. GANGAKHED, DIST- PARBHANI Gangakhed ,MAHARASHTRA, 431514	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:	Phone No	: 02402333572 / 02402333361
E-mail/Fax	: maheshcotspin@gmail.com, /	E-mail/Fax	: nia.160400@newindia.co.in / 02402331226
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAHCM9720H1Z8 / NA	GSTIN	: 27AAACN4165C3ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16040048240300000025	Business Source Code	
Period of Insurance	: From: 02/07/2024 05:28:03 PM To: 01/07/2025 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	: 02-Jul-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, / /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
8,800	1,584	10,384	RUPEES TEN THOUSAND THREE HUNDRED EIGHTY-FOUR ONLY	1604008124000000409 0 - 02/07/24

Money in safe (during and after business hours)	: 20000000
Money in Till	: 20000000

Sl. No.	Location & Address
1	Mahesh Cotspin Pvt Ltd S.no- 88/1, Nanded Road, At. Gangakhed, Dist- Parbhani
2	Factory,Office,Banks, Residence of all partner

SECTION - 1				
Sl. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds premises from the time the cash is received at the bank by the insured or the authorized employee/ s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the insured to provide for such cash are covered in transit from the premises to the Bank.	20000000	0	0



2.	Section 1 B - Money (other than described in 1A above) in the personal custody of the insured or the authorized employee/s of the insured whilst in direct transit between the premises and the bank or post office and vice versa	20000000	0	0
3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or bank within a period not exceeding 48 hours from the time of collection and vice versa	20000000	0	0

Limit over the Policy period (Estimated Annual Turnover)	:	100000000
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Optional Covers	Sum Insured (₹)
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

Risk Details		
1.	Maximum distance over which money will be conveyed	500
2.	Details of employees handling Money	By owner or authorized employee
3.	How is money carried	BAGS, TRUNKS, SUITCASE WITH
4.	Mode of Transport	VEHICLE PUBLIC OR PR
5.	Details of armed guards or any other protection	No Security Guard
6.	Details of money kept outside business hours	Safe Consists of Wooden / Steel upboard.
7.	Is the safe where money is kept, fixed to the walls or floor	No
8.	By whom are the keys held	NA
9.	Are all the keys removed outside business hours	No

Special Conditions	:	Section 1 A ₹ 2,00,00,000/- (200 Lakhs) Section 1 B ₹ 2,00,00,000/- (200 Lakhs) Section 1 C ₹ 2,00,00,000/- (200 Lakhs) Section 2 ₹ 2,00,00,000/- (200 Lakhs)
Excess	:	0

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 8,800
SGST	9	792
CGST	9	792
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,2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 02/07/2024

Duly Constituted Attorney(s)



Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____. Stamp Duty under the Policy is ₹1/-.

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 : 16040024P0006536

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
