



STANDARD FIRE & SPECIAL PERILS POLICY

1. Insured's Details :

Insured Name	:	LAXMINARAYAN FIBER PVT LTD	
Customer ID	:	PO57858815	
Address	:	JT NO.275 & 276,HELESWADI, AT MANTHA DIST JALNA "-431203	
		JALNA ,MAHARASHTRA, 431203	
Phone No.	:		
E-mail Id/Fax	:	laxminarayanfiber@gmail.com, /	
PAN No.	:		
GSTIN/UIN.	:	27AACCL2664G1ZJ / NA	

2. Issuing Office Details :

Office Name	:	DO II AURANGABAD (160500)	
Office Code	:	160500	
Address	:	BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD	
		,431003 MAHARASHTRA , 431003.	
Phone No.	:	02402482688 / 02402480985	
E-mail Id/Fax	:	nia.160500@newindia.co.in / 02402486895	
S.Tax Regn. No.	:	AAACN4165CST178	
GSTIN	:	27AAACN4165C3ZP	
SAC	:	997139 (Other non-life insurance services excl RI)	

3. Policy Details :

Policy Number	:	16050011170100002164
Period of Insurance		From: 09/03/2018 06:00:00 PM To: 08/05/2018 11:59:59 PM
Date of Proposal	:	09-Mar-18
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.	:	025722225747, / NA
E-mail Id/Fax	:	111

4. Collection Particulars :

Premium	:	4247
GST	:	764
Total (₹)	:	5012
Receipt No. & Date	:	16050081170000013686 - 13/03/18

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
Risk Code	:	As per Block Details

Policy No. : 16050011170100002164 Document generated by 36776 at 13/03/2018 12:54:13 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any,you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office.In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website http://newindia.co.in.



STFI Deletion		NO
RSMD Deletion	•••	NO
Sum Insured	:	₹ 5000000

6. Block Details :

Risk Code	:	67
Location Address with Pin Code		GANGARAMJI GINNING & PRESSING FACTORY (LESSEE :-BHARAT COTTON INDUSTRIES),SURVEY NO:-437,TQ NAIGAON DIST NANDED,MH043,NANDED, MH,MAHARASHTRA, INDIA, 431601.
Description of Property	:	On stock of Raw Cotton in Loose or in Heaps,Stock of lint,Bondri,Cotton Seeds&Cotton FP Bales with Plastic or Iron Strip,Bardan&Packing Material,Tarpaulin&Such Other Good Pertaining To Insured Trade Whilst Stored Or Lying in Factory Compond

(a) Block:

Name of Blo (ALL STOCK	ck:RISK CODE-63/ GINNING & PRESSING OF COTTON WITH SEEDS & PROCESS)		
SI. No.	Asset Description		Sum Insured (₹)
1.	On Building - Superstructure	:	0
2.	On Building - Plinth & Foundations	:	0
3.	On Plant, Machinery and accessories	:	0
4.	On Furniture, Fittings, Fixtures and other Contents	:	0
5.	On Stocks and stocks in process	:	500000
6.	On Stock held in trust	:	0
7.	Others (To Specify)	:	NA
	Total Sum Insured	:	500000

7. Sum Insured Summary :

SI. No.	Asset Description		Sum Insured (₹)
1.	Building - Superstructure	:	0
2.	Building- Plinth & Foundations	:	0
3.	Plant, Machinery and accessories	:	0
4.	Furniture, Fittings, Fixtures and other Contents	:	0
5.	Stocks and stocks in process	:	500000
6.	Stock held in trust	:	0
7.	Compound Wall	:	0
8.	Other property specifically required to be covered	:	
	Total Sum Insured	:	500000

8. Add on Covers Opted :

SI. No.	Add on Cover		Sum Insured (₹)
1	Earthquake (Fire and Shock) (Add On 1009)	:	500000
2	Spontaneous Combustion (Add On 1007)	:	500000

9. Terrorism :

Terrorism Covered	:	NOT OPTED

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10. Hypothecation Details :

SI.No.	Name of the Financiers
1	S.B.I BR.SENDHWA

11. Coinsurance Details :

SI.No.	Coinsurance Type	Company	Office Code	% Share	Premium Share
1	NOT OPTED				

12. Subjectivities :

The insurance under this policy is subject to

Warranties	:	N/A
Endorsements	:	Endorsement7 - Spontaneous Combustion, Endorsement9 - Earthquake (Fire and Shock),
Clauses	:	Clause1 - Agreed bank Clause, Clause3 - Designation of property clause,
Special Conditions	:	RISK CODE-63/ GINNING & PRESSING (ALL STOCK OF COTTON WITH SEEDS & PROCESS)
Risk Covered	:	As per Risk covered attached
Fire Products-Exclusions	:	As per Exclusions attached

13. Deductibles :

(a) Compulsory:-

1. Sum Insured upto ₹10 Cr per location:

- 2.
- 3.
- Sum insured upto ₹10 Cr per location: 5% of the claim amount subject to a minimum of ₹ 10,000/- each and every loss. Sum Insured above ₹10 Cr per upto ₹ 100Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,000/- each and every loss. Sum Insured above ₹100 Cr per upto ₹ 1500Cr per location: 5% of the claim amount subject to a minimum of ₹ 5,00,000/- each and every loss. Sum Insured above ₹1500 Cr per upto ₹ 2500Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,00,000/- each and every loss. Sum Insured above ₹1500 Cr per location: 5% of the claim amount subject to a minimum of ₹ 25,00,000/- each and every loss. Sum Insured above ₹2500 Cr per location: 5% of the claim amount subject to a minimum of ₹ 50,00,000/- each and every loss.
- 4.
- 5.
- 5% of the claim amount subject to a minimum of ₹ 50,00,000/- each and every loss.

(b) Voluntary / Imposed:-

Not Applicable

(c) Terrorism Deductibles:-

Nature of Risk	Deductibles (as a % of claim/loss amount)	Minimum Limit	Maximum Limit
Shops and Residential	1 % of claim amount	₹10,000/-	₹ 5,00,000/- (Rupees 5 Lacs)
Non Industrial	1 % of claim amount	₹ 25,000/-	₹ 10,00,000/- (Rupees 10 Lacs)
Industrial	5 % of claim amount	₹ 1,00,000/-	₹ 25,00,000/- (₹ Twenty five Lakhs)

14. Premium Details :

Premium Head	Premium Amount (₹)	
Premium for Terrorism Cover	:	
Net Premium under the policy	:	4247
GST	:	764
Total premium including GST	:	5012

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Total premium including GST(In words)

RUPEES FIVE THOUSAND TWELVE ONLY

Premium and GST Details

Premium	Rate of Tax	Amount in INR ₹ 4247.00
SGST	9	382
CGST	9	382
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 13th day of March,2018.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 13/03/2018

Duly Constituted Attorney(s)

Tax Invoice No : 1605001101002164

IRDA Registration Number: 190

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