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| ICICI LOMBARD GIC LTD WORKMEN'S COMPENSATION INSURANCE Quote Number: (4010/IP-04355424/001) |  |
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| Proposer Details: | | Policy Details: | |
|------------------------------|---|--|----------------------|
| Name of the Proposer | CADMAXX SOLUTIONS EDUCATION TRUST | Months | 6 |
| Agent/Broker | POOJA AGRAWAL(IM-489358) | Location of the Proposer | BANGALORE, KARNATAKA |
| No.of Workers | 1194 | Industry Type | ENGINEERING WORKSHOP |
| Entry age limit: | As per WC Act | Intermediary | POOJA AGRAWAL |
| Nature of activity | Engineering workshop & Fabrication works (up to 9 meters),Indoor Clerical works,Driver,Carman and Cartage and Contractors-Incl. Motor Transport companies (not passenger carrying),Warehousing-Packers and Makers up as trade | Date | 16/05/2024 |
| Premium Details: | | Policy Coverages: | |
| Gross Premium | 72003.39 | Table A coverage | Covered |
| Stamp Duty | 36.00 | Medical Extension Cover | Covered |
| Goods & Service Tax | 12,960.61 | Occupational diseases | Not Covered |
| Total Premium Payable | 85000 | Terrorism | Not Covered |
| | | Sub contractor Coverage | Not Covered |
| | | Compressed Air Disease Extension | Not Covered |
| | | *Premium value mentioned above is inclusive of taxes applicable. Quote is valid for 45 days only and is liable to change with any change in the information. | |

| Conditions: |
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| PAN INDIA COVER Industry type automobile and various manufacturing sector included along with engineering workshop |
| Policy is issued on unnamed basis. |
| Medical expenses covered upto Rs.1,00,000 |
| Exclusion |
| Any employment compensation in excess of the actual sum insured for workmen compensation ordinance (not to apply in respect of common law awards). |
| Underground and/or underwater mines and/or underground services in connection therewith. However, this exclusion shall only apply where more than 20 people are working at the same location at any one time. |
| Subaqueous work (underwater work). |
| Quarries, where explosives are used. |
| Contractors engaged exclusively in wrecking or demolition of building and/or scrap metal merchants. |
| Aircraft crews in respect of flight risk. However, this exclusion shall not apply to aircraft which are set aside for non fare paying executive use and which are crewed by six persons or less. |
| Ship crews other than on inland vessels or on vessels operating within territorial waters. However, this exclusion shall not apply to a vessel crewed by six persons or less. |
| Fire bridges other than those formed privately for loss prevention purposes. |
| Service in any kind of armed forces (including, but not limited to military, police, security services). |
| Operation of railways, other than sidings. |
| Employees employed on a permanent basis in USA and/or Canada. |
| Professional sports team. |
| Fire crackers manufacturing activity |

Losses suffered in the course of manufacturing and /or supplying and/or producing storing, filling, breaking down, transporting:- (a) Fireworks, ammunition, fuses, cartridges, powder, nitro-glycerine, or any explosives. (b) Gases and/or air under pressure in containers. (c) Butane, methane, propane, and other liquefied gases. (d) Celluloid and pyroxylin. (e) Petrochemicals and also chemicals of a toxic (as defined under India's Public Liability Act 1991), noxious, explosive and/or highly flammable nature. (f) Asbestos and/or asbestos products. (It is understood and agreed, however, that the storage, transport and/or handling if any of the substances above mentioned other than f) which is merely incidental to the operation and/or trade of the Insured not otherwise excluded, is covered.)

Losses suffered on or in connection with offshore rigs.

Any compensation in medical extension expenses if the injured is hospitalized for more than 12 month due to an accident as per the coverage opted in WC policy

Pandemics/epidemics as declared by WHO and / or Government of India

Proposer's Information

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|------------------------------|-----------------------------------|
| Proposer Name | CADMAXX SOLUTIONS EDUCATION TRUST |
| Address Of Insured | |
| Location of Corporate Office | KARNATAKA |

Contact Details

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|-------------------------|--|
| Proposer/HR Name | |
| Proposer/HR Contact No. | |
| Proposer/HR Email ID | |

Risk Details

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|----------------------------------|---------------------------------|
| Period of Insurance: | FROM: 16/05/2024 To: 15/11/2024 |
| Number of persons to be insured: | 1194 |
| Total Sum Insured: | 118664874 |
| Policy Type | Unnamed |
| Working Months | 6 |

Wage Details

| Job Profile/Nature of Work | Number of Workers | Salary/Person /Month | Industry Type Category | Industry Type Sub Category | Risk Classification Code |
|----------------------------|-------------------|----------------------|---|--|--------------------------|
| Engineers | 1174 | 16531 | Engineering workshop & Fabrication works (up to 9 meters) | NA | 157 |
| Skilled Workers | 2 | 18031 | Indoor Clerical works | NA | 76 |
| Driver | 2 | 15821 | Driver | NA | 123 |
| Workers | 9 | 20245 | Carman and Cartage and Contractors | Incl. Motor Transport companies (not passenger carrying) | 58 |
| Workers | 7 | 17168 | Warehousing | Packers and Makers up as trade | 593h |

Total Lives 1194

Total Sum Insured (Rs.) 118664874

Extensions

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|-------------------------|---|
| Medical Extension Cover | Medical expenses covered upto Rs.1,00,000 |
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Market Rollover(Previous Claims)

| UW YEAR | PREVIOUS INSURER NAME | PREVIOUS POLICY YEAR | PREVIOUS POLICY NO | POLICY EFFECTIVE FROM | POLICY EFFECTIVE TO | PREVIOUS POLICY PREMIUM | NO OF LIVES | Death Claim (Paid + Outstanding) (a) | PTD/PPD/TTD (Paid + Outstanding) (b) | Medical Expense (Paid + Outstanding) (c) | Total (a+b+c) |
|---------|-----------------------|----------------------|--------------------|-----------------------|---------------------|-------------------------|-------------|--------------------------------------|--------------------------------------|--|---------------|
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Reimbursement Details

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| Name of Payee | |
| Payee Contact Number | |
| Mode of Payment (EFT/ Cheque /DD) | |
| Bank Name (if Mode of Payment is EFT) | |
| Account Number (if Mode of Payment is EFT) | |
| Account Holder's Name (if Mode of Payment is EFT) | |
| Branch Name (if Mode of Payment is EFT) | |
| IFSC Code (if Mode of Payment is EFT) | |
| MICR Code (if Mode of Payment is EFT) | |
| Dispatch Address with PIN code (if Mode of Payment is DD / Cheque) | |
| DD in Favor of (if Mode of Payment is DD) | |
| DD Payable Location (if Mode of Payment is DD) | |
| Risk location address | |

I/We, the undersigned this..day of..20..desire to effect an insurance in terms of the Policy to be issued by the Company against my / our Statutory and Common Law liability as above mentioned. I /We agree to render, at the end of each period of Insurance, a statement in the form required by the Company of all wages actually paid, and to pay premium on any wages paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars, which I/We have read over checked, are true that I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated my/our total wages, salaries and expenditure and value on Board. I/We agree that this declaration shall be the basis of the contract between me/us and theCompany.

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|--------------|--------------------------------|
| Place: _____ | Proposer's Signature: _____ |
| Date: _____ | Name: _____ Designation: _____ |

GUIDELINES FOR COMPLETION OF THE FORM

1. Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
2. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by the proposer or any one acting on his behalf to obtain any benefit under this policy.

Note:
Coverage of risk is subject to realization of premium by the Company. Insurance coverage under the policy will commence only on realization of full premium, receipt of complete reports (wherever applicable) and subject to underwriting approval by the company. In case premiums not realized by the Company due to any reason, company shall not be on cover and contract of insurance shall be treated as void ab-initio. Excess payment, if any, will be refunded without any interest on receipt of required documents as necessary or will be utilized in future policy issuance.

**STATUTORY WARNING
PROHIBITION OF REBATES**

Section 41 of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015

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| <ol style="list-style-type: none"> 1 2 | <p>No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.</p> <p>Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.</p> |
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ICICI Lombard General Insurance Company Limited

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| IRDA Regn. No. 115 | CIN: U67200MH2000PLC129408 | Toll Free No: 1800-2666 |
| Mailing Address: | Registered Office: | Alternate No: +919223622666 (chargeable) |
| 401 & 402, 4th Floor, Interface 11, New Linking Road, Malad (West), Mumbai - 400064 | ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025 | Email: customersupport@icicilombard.com |
| | | Website: www.icicilombard.com |