



**EMPLOYEES COMPENSATION POLICY SCHEDULE**

**Policy No.** : 182000/48/2025/3358 **Prev. Policy No.** : 182100/48/2023/2251  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 73343009 **Issue Office code** : 182000  
**Insured's Name** : MAULI ENTERPRISES (GSTIN: 27AAUFM2790F1ZT) **Issue Office Name** : BO OSMANPURA CIRCLE AURANGABAD (GSTIN: 27AAACT0627R4ZW)  
**Address** : BANKARWADI NEAR LILASONS CORNER GUT NO 27/4, MIDC WALUJ AURANGABAD **Address** : OFFICE NO. 3 & 4, 1st FLOOR, SAI SQUARE, OSMANPURA CIRCLE, AURANGABAD 431001  
**AURANGABAD MAHARASHTRA 431133** **AURANGABAD MAHARASHTRA 431601**  
**Tel./Fax/Email** : / / 8275058588 / MAULIINDUSTRIES2015@GMAIL.COM **Tel./Fax/Email** : 0240 - 2332019, 2323364 / / 182000@orientalinsurance.co.in

**Agent/Broker Details**  
**Dev.Off.Code** : NZ000000777 AGENCY MANAGER  
**Agent/Broker** : BA0000018834 DEEPAK GOVINDPRASAD SONI  
**Address** : FLAT NO 3, CTS NO.8597, VASANT VIHAR APTT.,KUWAR FALLY,,AURANGABAD,AURANGABAD,MAHARASHTRA,431001  
**Tel/Fax/Email** : 9423177040/9423177040//daaa1977@gmail.com

**Period of Insurance** : FROM 00:00 ON 07/09/2024 TO MIDNIGHT OF 06/09/2025  
**Collection No. & Dt.** : GST INVOICE NO :2723341656 UIN :0  
**Gross Premium** : 0 **GST** 0 **Stamp Duty** : 0 **Total** : 0  
**Co-insurance Details** : NIL

**Laws**

**Laws** : Indemnity against legal liability to all employees(Whether or not coming within the definition of the term Workmen)under the E.C.Act prior to the date of issue of the policy,the Fatal Accidents Act,1855 and at Common Law.

**Risk Information**





Attached to and forming part of policy number 182000/48/2025/3358

**Details of Employees with Monthly Wages Above Rs.15000/-**

Sr. No.	Est. No. of Emps	Contract Emps	Occupation	Estimated totalsalary /wages/other earnings per workman	Value of food/qtrts/ other considerations per workman	Estimated Total earnings per workman	Table	Place of Employment
1	10		Engineers not otherwise classified - Incl. work away from shop or yard upto 9 mtrs height	1,800,000		1,800,000	A	ALL OVER INDIA

**Details of Employees with Monthly Wages Above Rs.15000/-**

Sr. No.	Est. No. of Emps	Contract Emps	Occupation	Estimated totalsalary /wages/other earnings per workman	Value of food/qtrts/ other considerations per workman	Estimated Total earnings per workman	Table	Place of Employment
1	1		Commercial Travellers - Employees using Motor Cycles/Scooters	180,000		180,000	A	ALL OVER INDIA

**Contract Details**

The Insurance under this policy is extended to cover risks of (as per forms attached).

Total Annual Wages of all Employees \*120 times, WC-Per capita Cover, Medical Extension Add on cover(New).

Total Premium in words : Indian Rupees Only

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from policy issuing office.

Subject to adjustment in the terms of Condition 6. The estimated amount of wages/salaries & other earnings on which premium is based.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Not applicable

Place : AURANGABAD

Date : 11/09/2024



IRDA-REGNO-556



# The Oriental Insurance Company Limited

Attached to and forming part of policy number 182000/48/2025/3358

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO OSMANPURA CIRCLE AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 11TH DAY OF SEPTEMBER 2024.

Entered By : DHAMMANAND SONONE

Examined By : DHAMMANAND SONONE

Digitally Signed  
By  
Authorised Signatory

Policy Printed By : 707341

IP :

Policy Printed On : 11-SEP-24 16:12:26

MAC :

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : AURANGABAD

Date : 11/09/2024



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