

## EMPLOYEES COMPENSATION POLICY SCHEDULE

**Policy No.** : 161100/48/2023/5558 **Prev. Policy No.** : 161100/48/2022/5369  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 92986001 **Issue Office code** : 161100  
**Insured's Name** : SHRIPAD ECOSYS PRIVATE LTD. **Issue Office Name** : DO I PUNE (GSTIN: 27AAACT0627R4ZW)  
(GSTIN: 27ABACS3949J1ZZ)  
**Address** : 201/E-1, RAJYOG TOWNSHIP LAGAD **Address** : JEEVAN DHARSHAN , 3RD FLOOR  
MALA WADGAON (KH) SINHGAD N.C. KELKAR ROAD  
ROAD PUNE-411041 NARAYAN PATH  
PUNE MAHARASHTRA 411030  
PUNE MAHARASHTRA 411041

**Tel./Fax/Email** : / / 9850907894 / svn@shripadecosys.com **Tel./Fax/Email** : (020) 24456294, 24456294 / 020 24480226 / 161100@orientalinsurance.co.in

### Agent/Broker Details

**Dev.Off.Code** : NY0000000297 Nilesh Patil - BDM  
**Agent/Broker** : BA0000100869 TILE BHUSHAN ARVIND  
**Address** : 437, BUDHWAR PETH, PUNE - 411 002. PHONE 24465707 MOBILE 9881616005,PUNE,MAHARASHTRA,411001  
**Tel/Fax/Email** : 0/9881616005//btile.lic@gmail.com

**Period of Insurance** : FROM 00:00 ON 08/02/2023 TO MIDNIGHT OF 07/02/2024

**Collection No. & Dt.** : CC 3155006819 - 07/02/2023 **GST INVOICE NO** : 2721797228 **UIN** : 0

**Gross Premium** : 21,970 **GST** : 3954 **Stamp Duty** : 22 **Total** : 25,924

**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 W.C.Act prior to the date of issue of the policy,the Fatal Accidents Act,1855 and at Common Law.

### Risk Information

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

Sr. No.	Est. No. of Emps	Contract Emps	Occupation	Estimated totalsalary /wages/other earnings	Value of food/qtrrs/ other considerations	Estimated Total earnings	Table	Place of Employment
1	6		Engineers not otherwise classified - Incl. work away from shop or yard upto 9 mtrs height	1,800,000		1,800,000	A	SITE - ALL OVER INDIA

**Place** : PUNE

**Date** : 07/02/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

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

Authorised Signatory

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

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**Contract Details**

The Insurance under this policy is extended to cover risks of (as per forms attached).  
Liability to contractors Employees, Total Annual Wages of all Employees \*120 times, Medical Extension Add on cover(New).

Total Premium in words : Indian Rupees Twenty-Five Thousand Nine Hundred Twenty-Four Only

The Insurance under this policy is subject to Warranties & Clauses(as per forms attached).

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

It is hereby understood and agreed that the indemnity herein is extended to cover the legal liability of the insured to workmen in the employment of contractors performing work for the Insured while engaged in the business and occupations in respect of which the within Policy is granted, but only so far as regard claims under the workmen's compensation act , 1923 and subsequent amendments of said Act prior to the date of the issue of this Policy , the premium in respect of such extended insurance to be calculated.

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

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 DO I PUNE (GSTIN: 27AAACT0627R4ZW) on 07TH DAY OF FEBRUARY 2023.

Entered By : R.S.SAWANT

For and on behalf of  
The Oriental Insurance Company Limited

Examined By : Mr Nilesh Prakashrao Patil

Policy Printed By : OICL

IP :

Authorised Signatory

Policy Printed On : 07-FEB-23 12:06:37

MAC :

Place : PUNE



IRDA-REGNO-556

Date : 07/02/2023

For and on behalf of  
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Authorised Signatory