



UNITED INDIA INSURANCE COMPANY LIMITED
3RD FLOOR , SGAD COMPLEX , ABOVE VISHAL MEGA MART , RUDRAPUR ,
UDHAM SINGH NAGAR - 263153 UTTARAKHAND
PHONE: (5944) 240165 FAX: EMAIL:

EMPLOYEES COMPENSATION LIABILITY POLICY
POLICY NO.:2503052722P113103407

PERIOD OF INSURANCE
From 15:35 Hrs of 13/03/2023
To Midnight of 12/03/2024

Insured
M/s KOTAK AC- LAXMI AGENCIES
STREET NO 1 MODEL COLONY, NEAR SHAHI NURSING HOME, RUDRAPUR
UDHAM SINGH NAGAR
263153
UTTARAKHAND

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : MANOJ YADAV
Agent Code : AGD0104063
Mobile/Landline Number/Email : 9634490211

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 250305@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

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EMPLOYEES COMPENSATION INSURANCE POLICY SCHEDULE

Policy No.	2503052722P113103407		Prev. Pol. No.	
Name Of Insured/ID	M/s KOTAK AC- LAXMI AGENCIES / 23080400927			
Tel.(O)		Fax		Mobile
Business/Occupation	None		Email	laxmiagencies@gmail.com
Period of Insurance	From	15:35 Hrs of 13/03/2023	To	Midnight of 12/03/2024

CO-INSURANCE DETAILS:	UIIC 250305 : 100%
PREMIUM:	FIVE THOUSAND THREE HUNDRED NINETY-SIX RUPEES ONLY

Laws: The Policy covers Liability of the **Insured** under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to **Limit of Indemnity** as stipulated against each Law:

	<u>LAW</u>	<u>LIMIT OF INDEMNITY</u>
	Employee's Compensation Act,1923 and subsequent amendments thereof prior to the date of issue of Policy	Subject otherwise ,to the term, condition & Exclusion of the Policy ,the amount of liability incurred by the Insured

	Common Law	Subject otherwise, to the terms,conditions & Exclusions of the Policy,the amount of liability incurred by the Insured , but not exceeding:-
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a) Limit Per Employee for any number of accidents during Period of Insurance ₹ 0
b) Limit Per Accident for any number of Employees ₹ 0
c) Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance ₹ 0

Net Premium	:	₹ 5,396.00
CGST(9%)	:	₹ 486.00
SGST(9%)	:	₹ 486.00
Stamp Duty	:	₹ 1.00
Total	:	₹ 6,368.00
Receipt No.	:	10125030522115184944
Receipt Date	:	13/03/2023

Agency/Broker Code:	AGD0104063
Dev.Officer Code:	

Details of Employees Covered:

Description of Employees	Worker Type	Declared Number of Employees	Declared Monthly Wage/Employee(₹)	Declared Wages during the Period of Insurance(₹)	Place/Places of Employment	Trade Category	Sub Trade Category
NADEEM	Skilled	1	10,000.00	120,000.00		ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT
NADEEM AHMAD	Skilled	1	10,000.00	120,000.00		ENGINEERS NOT OTHERWISE CLASSIFIED	INCL WORK AWAY FROM SHOP OR YARD UPTO 9 MTRS HEIGHT

Subject of following clauses:

Special Condition :

Subject to terms and Conditions of Employees Compensation Insurance Policy attached herewith.

Territory:-**Jurisdiction:-****Subsidiaries:-****Particular Of Work:-**CCTV CAMERA FITTING AND NETWORK INSTALLATION & MAINTENANCE**Location Of Risk:-**ENDURANCE TECHNOLOGIES LTD. PLOT NO-3 & 7, SECTOR- 10, IIE PANTNAGAR DISTRIC- U.S. NAGAR UTTARAKHAND-263153**Add-ons/Extension/Cover Details:-**

Cover	Total SI(₹)	Premium(₹)
Basic Cover	240000	9810

Customer GST/UIN No.:	05AHQPK8661A1ZA	Office GST No.:	05AAACU5552C1ZP
SAC Code:	997139	Invoice No. & Date:	2722I113103407 & 13/03/2023
Amount Subject to Reverse Charges-NIL			

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.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 13/03/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO RUDRAPUR 250305 on this 13th day of March ,2023

For United India Insurance Co. Ltd.

Affix Policy Stamp here.

Authorised Signatory.**Underwritten By - KAP28222 (BO UNDERWRITER)****'Policy form - Claims made with right to defend.'**

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