



# Bajaj Allianz General Insurance Company Ltd.

Corporate Identity Number (CIN): U66010PN2000PLC015329

Unique Identification Number (UIN): IRDAN113RP0028V02200102

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006

Transcript of Proposal for Office Package Insurance

Dear M/S. CHARTERED TECHNO SERVICES,

We, Bajaj Allianz General Insurance Company Ltd [#Company#], wish to inform you that the your contract will based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from the date of your receipt of this document [but in case of short term policies, your revert shall reach us before the activities/risks covered by policies are started]. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned transcript and declaration. Where you disagree to any of information/contents of this transcript, standard Terms or conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Personal Information of Insured			
Title [Mr/Ms/Company/other entity]	Company	First Name	M/S. CHARTERED TECHNO SERVICES
Middle Name		Last Name	
Email Address	ABC@XYZ.COM	Mobile Number	9435171073
Date of Birth		Gender	NA
Pan No		Unique Identity (Aadhaar No.)	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No		House No/ Building No/ Flat No	"A-Block""D Wing",First Floor
Street/ Locality/ Landmark		Street/ Locality/ Landmark	
State		State	Maharashtra
City		City	Aurangabad
Area		Area	
Pincode		Pincode	431001

Location and Address of all the premises to be covered : "A-Block""D Wing",First Floor, Bharat Bazar,Api Corner,Chikhalthana, Aurangabad, Aurangabad, Aurangabad - 431001

1. Policy Period From : 10-FEB-23 To 09-FEB-24

2. Coverage Part

## COVER 1 A - BUILDING AND CONTENTS (EXCLUDING VALUABLES)

Note: This section is compulsory. Money can be covered under this section, if specifically mentioned.

a. Building:

Construction of External Walls: Brick / Concrete / Glass/ Asbestos / Others (Please specify) : Bricks

Construction of Roof: Concrete / Asbestos / Tiles / Others (Please specify) : Concrete

b. Age of the building : 5

c. Is the Building owned by you? : Yes

d. Are you the sole occupant of the Building? : No

If no, who are the other occupants? Please give details: NA

e. If you are the owner of the Building please indicate the sum To be insured: Yes ,RS. 367000

(Please note that the sum to be insured should represent the new reinstatement value of the building)

f. Contents (Please specify the sum to be insured for contents)

Item	Sum to be Insured (Rs)
Building	367000
CONTENTS BELONGING TO INSURED OFFICE EQUIPMENTS , FFF,SOFA SET	95000

g. Do you wish to cover the following extensions?

(i) Architects, surveyors and Consulting engineer's fees :No , SI : NA (In excess of 3% of claim amount)

(ii) Debris Removal Expenses : No , SI : NA (In excess of 1% of the claim amount) (Please specify the required sum insured)

## COVER 1 B - TENANT'S LEGAL LIABILITY

(The maximum liability of the Company will be restricted to 10% of the sum insured for Contents under Section 1A for any one accident and 25% in the aggregate during the Policy period)

Do you wish to opt for this section? : No

## COVER 2 - BURGLARY AND ROBBERY INCLUDING THEFT

(Please note that the sum insured for this section will be the same as that for contents under Section 1A other than Money.)

a) Do you wish to opt this section? : Yes

b) Please give break up of sum to be insured :

Item	Sum to be Insured (Rs)
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CONTENTS BELONGING TO INSURED OFFICE EQUIPMENTS , FFF	95000
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**COVER 3 - MONEY INSURANCE**

- a. Please specify the locations between which the transit of money to be covered? : NA
- b. What is the Any One Transit Limit : NA
- c. How many transits take place in a month : NA
- d. What is the estimated Annual Transit : 20000
- e. What is the mode of transit : Private 4 wheeler
- f. Please specify security provided, if any? : Adequate security
- g. Whether casual employees are used for carrying money? : No

**COVER 4 - PLATE GLASS**

- a. Please provide brief details of the Plate Glass to be insured and the value:

Item	Sum to be Insured (Rs)
PLATE GLASS ( DETAILS AS PER SHEET ENCLOSED)	15000

Note: Please attach separate sheet if required. In the event of a loss all glass is considered as plain and of ordinary glazing quality unless specifically stated to the contrary here and in the schedule of the Policy.

- b. Is there any plate glass in the insured premises that is Not included in the above? : No
- c. Is there at present any broken or damaged plate glass? : No

If Yes, please describe the position and size: NA

**COVER 5 - BREAKDOWN OF OFFICE EQUIPMENT**

Note:

- Equipments older than 10 years cannot be insured under this section
- The sum to be insured should represent the new replacement value of the same type of equipment
- Please add separate sheet, if required

Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

**COVER 6 - BAGGAGE**

- a) Please specify the limit to be insured per loss :
- b) Please specify the total limit during the Policy period :

**COVER 7A - ELECTRONIC EQUIPMENT**

Note:

- Equipments older than 10 years cannot be insured under this section.
- The sum to be insured should represent the new replacement value of the same type of equipment
- Please specify the External Data Media that you wish to insure.

Description of the equipment	Sr. No., Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

- a. Please specify which of the equipments are covered under Maintenance agreement? : NA

**COVER 7B - PORTABLE COMPUTERS**

Note:

- Computer older than 10 years cannot be insured under this section
- The sum to be insured should represent the new replacement value of the same type of computer.

Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

**COVER 8 - FIDELITY GUARANTEE**

- A. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? Yes/No. If yes please provide details (Please attach a separate sheet of paper if necessary).

Date	Circumstances	Amount of loss (Rs)
NA	NA	NA

B. Details of Employees to be covered.

Category of staff	No. of employees	Employee Sum Insured (Rs)
PUBLIC LIABILITY	NA	2000

C.

a) Is there a requirement of dual signatories for issuance of cheques, and is such requirement met?	No
b) Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt?	Yes
c) Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify	Yes
d) Is there an imprest system for handling of petty cash funds? If yes, please specify the persons who are authorised to manage the petty cash funds.	Yes
e) What is the system of operation of Bank account followed and what are the precautions taken?	NA
f) Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?	Yes

D.

a) How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out?	Monthly
b) Under what circumstances will your customers qualify for credit privileges?	NA
c) How often is the balancing and control of debtor accounts with statements sent to all debtors?	Monthly



d) Are there stocks (of any kind) kept for the conduct of your business?	Yes
e) How often are stocktaking conducted?	Monthly
f) Please list the persons responsible for carrying out stock-taking	NA

E.

a) Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?	No
b) Is there close supervision of storage and custody of all stocks maintained?	Yes
c) Are all deliveries to and from stores properly authorised?	Yes

F. When was the last stock audit undertaken, by whom, and what did it reveal? 10-FEB-23

G. When was the proposer last audited, by whom, and what did the audit reveal? : NA

**COVER 9 - PERSONAL ACCIDENT**

Note

- 1) The sum to be insured per employee to be restricted to....times the monthly salary.
- 2) Please provide the details of the employees to be covered and the cover opted. The maximum age is restricted to 60 years.
- 3) Please indicate under the column cover required:

Part A for Death only

Part A and B for Death and Permanent Total Disability

Part A, B and C for Death, Permanent Total Disability and Permanent Partial Disability

Please add Part D if Temporary Disability is opted (available only if A, B and C are opted)

Name of the Employee	Monthly Salary	Basic Sum Insured (Rs)	Wider Sum Insured (Rs)	Comp Sum Insured (Rs)	Coverage Required/Risk Class
Mr. Raju M. Chavan	NA	100000	0	0	2
Mr. Raju M. Chavan	NA	0	0	200000	2
DEVIDAS WAMAN SONAWANE	NA	100000	0	0	2
Mr . HARSHAL MALI	NA	0	0	200000	2

**COVER 10 - PUBLIC LIABILITY**

Note: Liability under Public Liability Insurance Act 1991 is not covered

Please select the limit to be insured 'NA' per accident: Rs. 2000

Please select the limit to be insured in the aggregate : Rs. NA

Has there or have there been any instances of third party Bodily Injury and Property Damage in the past : No

Have you obtained insurance for this cover with any other insurer, and if yes, please give details: No

**10B. Workmen's Compensation**

1. Name of employee /monthly salary / nature of work

Item Name	Total Value in (Rs)
0	0

**COVER 11 - HOSPITAL CASH ALLOWANCE**

Do you opt for this cover? : Yes

If Yes, please fill in the Annexure.

Name	Relation	Age	Sex	Benefit Opted	No Of Days
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**DECLARATIONS, WARRANTIES, TERMS AND CONDITIONS:**

A. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract of insurance basis which you have confirmed to the Company for Policy issuance.

B. You have clearly understood the terms and conditions [T and C] to the Policy/insurance contract and agree that the statements, particulars, answers and/or particulars, information, declarations, warranties, documents given in/as per this transcript of proposal shall be held to be promissory and shall be the basis of the Policy/insurance contract between you and the Company and your proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after your full payment of the prescribed premium chargeable and our receipt and realisation of full prescribed premium.

C. You declare that the statements and particulars given in this transcript are complete, true and accurate in all respects, to the best of your personal knowledge and belief and that there is no other information, which is relevant to your proposal for insurance that has not been disclosed to Company. You undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. You shall immediately inform the Company if there are any subsequent changes to the information, declarations, warranties mentioned in this transcript of the proposal or if additions or alterations are carried out in the risk proposed after the submission of this proposal and thereafter. You agree to the Standard Terms and Conditions of the Company.

D. In case of Disagreement or objection or any changes with respect to information, declarations, Standard Terms and Conditions, exclusions and contents mentioned hereinabove, please contact Company's toll free number and register your objections / changes / disagreement to the contents of this transcript or you may also send to the Company an email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.

E. The Company shall have no liability under the Policy/insurance contract if it is found that any of your statements, particulars, answers and/or particulars, information, declarations, warranties, in your this proposal or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter [whether material or not material] to the grant of a cover by the Company.

F. You authorize the Company to share information pertaining to your proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group companies, auditors/legal counsel, service providers etc.,

G. You have read and understood the privacy policy of the Company and hereby unconditionally agree and bind yourself to all terms and conditions of the Company's privacy policy, as amended, from time to time.

H. You agree that the Standard Terms and Conditions sent to you for the Policy taken by you for the first time shall be applicable to the renewal Policy and the Company need not send the Standard Terms and Conditions at the time of renewal and if you require the same you will seek the same from the Company.

Toll free Number: 1800-103-2529, 1800-22-5858, 1800-102-5858 and 1800-209-5858

Email address: Bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at: ABC East,, 3rd Floor,, Chilkathana MIDC,, , AURANGABAD-431210,Phone No: 0240-2478787/0240-2478747

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

Scrutiny No: 337755721



NOTE: PROHIBITION OF REBATES: SECTION 41 OF INSURANCE ACT, 1938 Section 41, of Insurance Act, 1938:

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. Any person making default in complying with the provisions of this section shall be punishable with a penalty, which may extend to Ten Lakh Rupees.

Date: \_\_\_\_\_

Place: \_\_\_\_\_



## Bajaj Allianz General Insurance Company Ltd.

Bajaj Allianz House, Airport Road, Yerwada, Pune -411006 (India)

### POLICY SCHEDULE

Office Package Insurance

UIN: IRDAN113RP0028V02200102

**Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.:** ABC East,, 3rd Floor,, Chilkathana MIDC,, , AURANGABAD-431210 PHONE NO :0240-2478787/0240-2478747

**Policy Number** OG-23-2006-4093-00000016 **Product** Office Package Insurance  
**PREVIOUS POLICY NO :** OG-22-2006-4093-00000021 **Policy Issued On** 02-FEB-23  
**Period Of Insurance** **From** 10-FEB-23 **To** 09-FEB-24 **Midnight**  
**Co-Insurance Details** **Own Share: 100%**  
**Imd Code** 10038252 / NA **Subimd Code** NA  
**Proposer Name** M/S. CHARTERED TECHNO SERVICES  
**Insured Address** "A-Block""D Wing",First Floor, Bharat Bazar,Api Corner,Chikhalthana, Aurangabad, Aurangabad, Aurangabad - 431001  
**Scope Of Cover** AS PER THE POLICY WORDINGS ATTACHED **Hypothecation Bank**  
**Application No** **Scrutiny No** 337755721  
**GSTIN / UIN** NA **Place Of Supply/State Code/Name** 27 - Maharashtra  
**Company GST No :** 27AABCB5730G1ZX **Invoice No :** 9625483/35  
**Company PAN :** AABCB5730G  
**Bank Reference No** NA  
**Risk Occupancy :** Office premises

Section Name	Sum Insured(Rs.)
1. Fire and Allied Perils - Sookshma Udyam Suraksha (Building and Contents)(Earthquake and Terrorism cover included)	4,62,000.00
2. Burglary (contents excluding Jewelry and valuables)	95,000.00
3. Money Insurance	20,000.00
4.Plate Glass	15,000.00
9. Personal Accident	6,00,000.00
10A.Public Liability	2,000.00

Addon Name	Sum Insured(Rs.)
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<b>Net Premium</b>	1,628.00
<b>Section Discount</b>	146
<b>Renewal Discount</b>	291
<b>Special Discount</b>	0
<b>Terrorism Premium</b>	70.00
<b>State GST (9%)</b>	153
<b>Central GST (9%)</b>	153
<b>Final Premium</b>	<b>Rs. 2,004.00</b>

\*\*\* All Premium Figures Are In Rupees

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year. / 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.

Additional Conditions ,If Any:-This policy excludes direct and indirect loss as a result of infectious diseases or contagious disease; including but not limited to diseases arising out of coronaviruses OG-22-2006-4093-00000021

Premium Collection Details :- [Receipt No/Collection No/Amount] : 2006-00498867 / 337755721 / Rs. 2004

Caringly yours

BAJAJ | Allianz



Authorized Signatory  
null



This document is digitally signed, hence counter signature / stamp is not required

Regd Office : Bajaj Allianz House, Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.  
Consolidated Stamp Duty of Rs.0.25/- paid towards Insurance Stamps vide Challan No. MH002223565202223M Defaced No. 0001502897202223 ORDER NO.CSD/371/2022/2472 ORDER DATED 10.06.2022DEFACED DATE dated 10-JUN-22 timing 11:08:23 of General Stamp Office, Mumbai, India.

<b>Agency Code BAG10038252</b>	<b>Channel Name : ML</b>
<b>Agency Name : Seema Rani Verma</b>	
<b>Contact No : 9860097132/0</b>	
<b>Email - satyamverma@hotmail.com</b>	

In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

337755721/-/10038252/NA/-

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997137 - Other property insurance services. No reverse charge is payable on these services.

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**Bajaj Allianz General Insurance Company Ltd.**

Bajaj Allianz House, Airport Road, Yerwada, Pune -411006 (India)

ANNEXTURE For Policy Number ( OG-23-2006-4093-00000016 )

SNO	Item Desc	Serial No	Units	Mfg.Year	Sum Insured(RS.)				
<b>Section Wise Breakup</b>									
<b>1. Fire and Allied Perils - Sookshma Udyam Suraksha (Building and Contents)(Earthquake and Terrorism cover included)</b>									
	Building				3,67,000.00				
	CONTENTS BELONGING TO INSURED OFFICE EQUIPMENTS , FFF,SOFA SET		1		95,000.00				
<b>2. Burglary (contents excluding Jewelry and valuables)</b>									
	CONTENTS BELONGING TO INSURED OFFICE EQUIPMENTS , FFF		1		95,000.00				
<b>3. Money Insurance</b>									
	BUSINESS GENERATED CASH FROM SHOP TO BANK AND VICE A VERSA		1		20,000.00				
<b>4.Plate Glass</b>									
	PLATE GLASS ( DETAILS AS PER SHEET EN-CLOSED)		1		15,000.00				
<b>9. Personal Accident</b>									
	<b>Name</b>	<b>Relation</b>	<b>Age</b>	<b>Risk Calss</b>	<b>Sum Insured</b>				
					<b>Basic</b>	<b>Wider</b>	<b>Comp</b>	<b>M.E.</b>	<b>M.C.</b>
	Mr. Raju M. Chavan	Proposer	49	2	100000	0	0.00	1	0
	Mr. Raju M. Chavan	Proposer	49	2	0	0	2,00,000.00	1	0
	DEVIDAS WAMAN SONAWANE	Employee	39	2	100000	0	0.00	1	0
	Mr . HARSHAL MALI	Employee	27	2	0	0	2,00,000.00	1	0
<b>10A.Public Liability</b>									
	PUBLIC LIABILITY		1		2,000.00				

For &amp; On The Behalf

Bajaj Allianz General Insurance Company Ltd.

**Authorized Signatory**

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997137 - Other property insurance services. No reverse charge is payable on these services.



Caringly yours

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## Terrorism Damage Cover Endorsement (Material Damage only)

Forming part of Policy No : OG-23-2006-4093-00000016

### Terrorism Damage Cover Endorsement (Material Damage only) INSURING CLAUSE

Subject otherwise to the terms, exclusions, provisions and conditions contained in the Policy and in consideration of the payment by the Insured to the Company of additional premium as stated in the Schedule, it is hereby agreed and declared that notwithstanding anything stated in the "Terrorism Risk Exclusion" of Section 1 (Fire and Allied Perils) of this Policy to the contrary, Section 1 (Fire and Allied Perils) of this Policy is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of terrorism, subject to the exclusions, limits and excess described hereinafter. For the purpose of this cover, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes. This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority. Provided that if the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme. For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

### LOSSES EXCLUDED

This cover shall not indemnify loss of or damage to property caused by any or all of the following:-

1. loss by seizure or legal or illegal occupation;
2. loss or damage caused by:
  - (i) voluntary abandonment or vacation,
  - (ii) confiscation, commandeering, nationalisation, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
3. loss or damage arising from acts of contraband or illegal transportation or illegal trade;
4. loss or damage directly or indirectly arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment;
5. loss or damage arising directly or indirectly from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
6. loss or damage arising directly or indirectly from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind;
7. any fine, levy, duty, interest or penalty or cost or compensation/damages and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
8. loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorised instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;
9. loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest, riots or civil commotion;
10. loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property insured hereunder;
11. any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
12. loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
13. loss or increased cost as a result of threat or hoax;
14. loss or damage caused by or arising out of burglary, house - breaking, looting, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of terrorism;
15. loss or damage caused by mysterious disappearance or unexplained loss;
16. loss or damage directly or indirectly caused by mould, mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
17. total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.
18. Any Liability is subject to the exclusion for direct and indirect loss as a result of infectious diseases or contagious disease including but not limited to diseases arising out of corona viruses in the policy .

### LIMIT OF INDEMNITY

The Limit of indemnity under this cover shall not exceed the Total Sum Insured given in the Policy Schedule or INR 15,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by anyone or all insurers shall be INR 15,000,000,000. If the actual aggregate loss suffered at one compound/location is more than 15,000,000,000 the amounts payable under individual policies shall be reduced in proportion to the sum insured of the policies.

### EXCESS

Shops and Residential Risks: 1% of the claim amount for each and every claim subject to Minimum of INR 10,000 and Maximum of INR 500,000

Non-Industrial Risks: 1% of the claim amount for each and every claim subject to Minimum of INR 25,000 and Maximum of INR 1,000,000

Industrial Risks: 5% of the claim amount for each and every claim subject to Minimum of INR 100,000 and maximum of INR 25,000,000

### CANCELLATION CLAUSE

Notwithstanding the cancellation provisions relating to the basic insurance policy on which this endorsement is issued, there shall be no refund of premium allowed for cancellation of the Terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the insured, pro-rate refund of the cancelled policy premium will be allowed. If the cancellation is for any other purpose, refund of premium will only be allowed after charging short term scale rates. Note: The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.

FOR BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD

Authorized Signatory

Date:



*Caringly yours*



Forming part of Policy No : OG-23-2006-4093-0000016

## **Earthquake Cover Endorsement**

In consideration of the payment of the additional premium (as specified in the Schedule) by the Insured to the Company, it is hereby agreed and declared that notwithstanding anything stated in the printed exclusions of this policy to the contrary, Section 1 of this Insurance is extended to cover loss or damage (including loss or damage by fire) to any of the property insured by Section 1 of this policy occasioned by or through or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or Landslide / Rockslide resulting therefrom. Provided always that all the conditions of this policy shall apply (except in so far as they may be hereby expressly varied) and that any reference therein to loss or damage by fire shall be deemed to apply also to loss or damage directly caused by any of the perils which this insurance extends to include by virtue of this endorsement.

### **Special Conditions**

- 1 Excess Clause: 5% of each and every claim subject to a minimum of Rs.10,000/
- 2 Onus of Proof: In the event of the Insured making any claim for loss or damage under this policy he must (if so required by the Company) prove that the loss or damage was occasioned by or through or in consequence of earthquake.

**FOR BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD**

**Authorized Signatory**

**Date:**