



Bajaj Allianz General Insurance Company Ltd.

Corporate Identity Number (CIN): U66010PN2000PLC015329 IRDAI Registration No.113
Unique Identification Number (UIN): IRDAN113RP0002V02201011
Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006
Transcript of Proposal for COMMERCIAL PACKAGE POLICY

Dear M/S MANGO IT SOLUTIONS.

We, Bajaj Allianz General Insurance Company Ltd. ["Company" or "Insurer"], wish to inform you that the your contract of insurance ("Policy"), will based on the information and declaration given by you through proposal, 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, the Company 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 Policy, your revert shall reach to the Company before the Risk inception date of Policy/activities/risks covered under the Policy are started]. In case of Company's non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information and declaration mentioned in this transcript proposal, it shall be deemed that you have positively confirmed to the Company the correctness of the below mentioned transcript and declaration. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which the Company have issued the Policy to you, the Company 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/declaration are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by the Company apart from forfeiture of the premium amount.

Personal Information of Ins	sured		
Title [Mr/Mrs/Ms/Company/ other entity]		First Name	M/S MANGO IT SOLUTIONS
Middle Name		Last Name	
Email Address	mangoit@gmail.com	Mobile Number	9893024117
Date of Birth		Nationality	
Pan No	ADUPS9604H	Unique Identity (Aadhaar No.)	
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	HOUSE NO15/3 BLOCK NO 11 SCHEME NO II	House No/ Building No/ Flat No	15/3 OLD PALASIA BEHIND SARDA HOUSE INDORE
Street/ Locality/ Land- mark		Street/ Locality/ Land- mark	
State	MADHYA PRADESH	State	MADHYA PRADESH
Area		Area	
City	INDORE	City	INDORE
Pincode	452001	Pincode	452001

1) COVERAGE DETAILS)

SECTION 1: STANDARD FIRE AND SPECIAL PERILS COVER

Note: This section is compulsory.

a. Address of all Risk Locations (RL) to be covered:

RL	Address
1	As per Commercial Package Policy (Occupancy : IT Firm))
2	
3	

b. Building Details:

Construction of External Walls: Bricks

Construction of Roof:Concrete

- c. Is the Building owned by you? Yes(Not applicable for tenant occupant)
- 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 (Rs.):(Please take the reinstatement value) 1,48,00,000.00
- f. Contents (Please specify the sum to be insured for contents)

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ltem	Sum to be Insured (Rs.)
Business Equipment (Other than Electronic Equipment covered under Section 7 and Portable Equipment covered under Section 12)	48,00,000.00
Furniture, Fixture and Fittings	
Other items (Please specify)	

g. Do you wish to cover the following extensions?

i. Earthquake Cover: NA
ii. Terrorism Cover: Yes

SECTION 2: BURGLARY AND ROBBERY COVER

Note: This section is compulsory.

a) Please give the break-up of the sum to be insured. Please note that the sum to be insured for this Section will be same as that for contents under Section 1.

Item	Sum to be Insured (Rs.)
Business Equipment (Other than Electronic Equipment covered under Section 7 and Portable Equipment covered under Section 12)	48,00,000.00
Furniture, Fixture and Fittings	
Other items (Please specify)	

- b) Would you like to opt for a cover on a first loss basis @ 25% of the total value at risk? NA
- c) Would you like to opt for a Theft extension cover? NA
- d) Whether 24 hours security provided for the building? Yes

If yes, please give details: Adequate Security

e) Whether any burglar alarm or similar security devices are provided? Yes

If yes, please give details: Adequate Security

SECTION 3: MONEY INSURANCE COVER

a) Do you wish to opt for this cover?

If yes, please furnish the following details: NA

- b) Please specify the locations between which the transit of money to be covered: NA
- c) What is the Any One Transit Limit? NA
- d) How many transits take place in a month? NA
- e) What is the estimated Annual Transit? NA
- f) What is the mode of transit? Private 4 Wheeler
- g) Please specify security provided, if any: Adequate Security
- h) Whether casual employees are used for carrying money? No
- i) Is there a daily written record of the money in transit and is it updated every day? Yes
- j) Do you want to cover cash in safe/strong room? Yes

If yes, please provide the sum to be insured: Rs. NA

k) Do you want to cover cash in till/counter? Yes

If yes, please provide the sum to be insured: Rs. NA

SECTION 4: PLATE GLASS COVER

a. Do you wish to opt for this cover?

If yes, please provide the following details of the plate glass to be insured:

Description and Position of Plate Glass	Size of Plate Glass		Sum to be Insured (Rs.)
	Height in cm. Width in cm.		

b. Is there any plate glass in the insured premises that is not included in the above? No

If yes, please describe the position and size: NA

c. Is there at present any broken or damaged plate glass? No

If yes, please describe the position and size: NA

SECTION 5: MACHINERY BREAKDOWN COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information:

Description of the Equip- ment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum to be Insured (Rs.)*





b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: NA

SECTION 6: NEON SIGN COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information in respect of all the neon signs and/or glow signs to be insured: NA

Description	Year of Production	Name of Manufacturer	Sum to be Insured (Rs)[Reinstatement Value]

SECTION 7: ELECTRONIC EQUIPMENTS INSURANCE COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information:

Description of the Equipment	Sr. No. , Type and Capa- city of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum to be Insured (Rs.)*

The sum to be insured should represent the new replacement value of the same type of equipment

- b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipment: NA
- c. Do you require cover for external data media? No
- If yes, please provide the reinstatement value of external data media: NA
- d. Do you require cover for reproduction of data lost following an indemnifiable damage to property insured under material damage coverage of this Section? No
- e. Do you wish to opt for Terrorism cover? Yes

SECTION 8: FIDELITY GUARANTEE COVER

a. Do you wish to opt for this cover?

If yes, please furnish the following details:

	Details of Employees to be covered				
Category of Staff to be covered No. of Employees to be covered Employee Sum Insured (Rs.)					

b. 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? No

If yes, please provide the following details:

Date	Circumstances	Amount of Loss (Rs.)

c. Is there a system to obtain references from previous employers? No

If not, please specify practice followed: NA

d. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? No

If yes, please provide details: NA

e. How often are the employees required to account for money? $\ensuremath{\mathsf{NA}}$

f. Are books of accounts balanced every day? Yes

If not, what is the frequency of balancing books of accounts? NA

g. What independent system is there to check that all sums received by employees are accounted for? Adequate System In Place

SECTION 9: GROUP PERSONAL ACCIDENT COVER

a. Do you wish to opt for this cover?

If yes, please furnish the following details:

Name of the Person	DOB	Relationship with the Proposer	Occupation	Monthly Salary (Rs.)	Coverage Required(Basic/Wide r/Comprehensive)	Total Sum Insured (Rs.)

b. Do you wish to opt for Medical Expenses cover? No

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c. Do you wish to opt for Hospital Confinement cover? No

SECTION 10: PUBLIC LIABILITY COVER

Note: Please note that liability under Public Liability Insurance Act 1991 or any other no fault liability basis is not covered

- a. Do you wish to opt for this cover?
- b. Please provide the limit to indemnity required for any one accident and any one year: Rs. NA
- c. Has there or have there been any instances of third party Bodily Injury and Property Damage in the past? No

SECTION 11: WORKMEN'S COMPENSATION COVER

a. Do you wish to opt for this cover?

If yes, please furnish the following details: NA

Details of Employees to be covered					
Number of Employees Nature of Work Monthly Salary (Rs.)					

b. Are there any security measures to prevent accidents? Yes

If yes, please provide details: Adequate Security Measures

c. Has there or have there been any instances of accidents in the premises in the past 3 years? No

If yes, please provide details: NA

SECTION12: PORTABLE EQUIPMENTS COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information: NA

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manu- facturer	AMC (Yes/No)	Territorial Lim- its(India/Worldwide)	Sum to be Insured (Rs.)*

The sum to be insured should represent the new replacement value of the same type of equipment

b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: NA

SECTION 13: BAGGAGE INSURANCE COVER

a. Do you wish to opt for this cover?

If yes, please provide the following details: NA

- b. Please specify the limit to be insured per loss: Rs. NA
- c. Please specify the total limit during the policy period: Rs.NA
- d. Please specify the territorial limits: India NA / Worldwide NA

SECTION 14: PEDAL CYCLE COVER

a. Do you wish to opt for this cover?

If yes, please provide the following information in respect of all pedal cycles to be insured:

Name of the Manufacturer	Year of Production	Frame no.	Value including accessories (Rs.)

b. Please specify details of the location where the pedal cycles are stored when not in use: NA

SECTION 15: BUSINESS INTERRUPTION COVER

a. Do you wish to opt for this cover?

If yes, please provide the following details: NA

- b. What is the Turnover for last 12 months? Rs. NA
- c. What is the estimated Turnover for next 12 months? Rs.NA
- d. What is the sum to be insured? Rs. NA

NB: The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses.

- e. What is the estimated Net Profit for the next 12 months? Rs. NA
- f. What is the indemnity period opted? 6 months / 9 months / 12 months NA
- g. Do you maintain upto date books of accounts? Yes
- h. Do you wish to opt for terrorism cover extension? Yes

(You can opt for terrorism extension for this section, only if you opt it under Section 1)

MODE OF PAYMENT

a. By Cheque: Cheque No 100955670 Bank NA Branch NA

Fax no: 020-30512246

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b. By Cash:No



PREVIOUS INSURANCE DETAILS

a. Is your previous insurance policy with Bajaj Allianz General Insurance? Yes

b. If yes, kindly provide the previous Policy No.: OG-23-2302-4094-00000148 Policy Expiry Date: 11/10/2023

c. If no, kindly provide name of the previous insurer (if any): Previous Policy No : OG-23-2302-4094-00000148 Policy

Expiry Date: 11/10/2023

d. Please provide the claims history for past 3 yrs: No. of Claims made: NA Cause of Loss: NA

Total Claimed Amount: NA

e. Has any General Insurance Company, in respect of the risk to which this proposal relates, ever:

Declined a proposal, refused renewal or terminated insurance? No Required an increased premium or imposed special conditions? Yes

If yes in either case, please provide details: NA

PERIOD OF INSURANCE

From 00:00:00 12-OCT-23 To 11-OCT-24 Midnight

DECLARATIONS, WARRANTIES, TERMS AND CONDITIONS:

A. The contents of the proposal [transcript of the 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 Policy/contract of insurance basis which you have confirmed to the Company for Policy issuance.

B. You have clearly understood the Standard terms and conditions [T AND C] to the Policy/contract of insurance 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/contract of insurance 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 Company's 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 the 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.

D. You agree to the Standard Terms and Conditions of the Company. 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 the Company 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/contract of insurance 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, 1800-102-5858 and 1800-209-5858

Email address: bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact Company's Policy servicing branch at:null

** This is print of electronic records maintained by the Company in accordance with law and hence does not require sig-

nature.

Scrutiny No:367460428

Note -

PROHIBITION OF REBATES

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:		

ANNEXURE

In case the value of the contents is collectively less than Rupees Five Lakhs, you shall be required to declare the individual values of the contents.





ectronic Equipment Sr. No.	Description of the Item	Age	Sum Insured
andia Amelianaa			
mestic Appliances Sr. No.	Description of the Item	Age	Sum Insured
01.110.	Description of the term	790	- Cum moured
chen Appliances			
Sr. No.	Description of the Item	Age	Sum Insured
Conditioner			
Sr. No.	Description of the Item	Age	Sum Insured
rtable Equipment			
Sr. No.	Description of the Item	Age	Sum Insured
rniture and Fixtures			
Sr. No.	Description of the Item	Age	Sum Insured
OTHES, UTENSILS AN	ID PEROSNAL EFFECT ITEMS		
Sr. No.	Description of the Item	Age	Sum Insured
Y OTHER ITEM, PLEA	SE MENTION IN THE BELOW TABLE	i:	
Sr. No.	Description of the Item	Age	Sum Insured





Baiai Allianz General Insurance Company Ltd. Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006 COMMERCIAL PACKAGE POLICY POLICY SCHEDULE

UIN: IRDAN113RP0002V02201011

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, 4th Floor, Commerce House,, 7 Race Course Road, ,, ,, In-

dore-452001 Phone No:0731-4065790

summons, etc. :

Policy No. OG-24-2302-4094-00000173 Product COMMERCIAL PACKAGE POLICY

Period of Insurance 11-OCT-23 From 00:00:00 12-OCT-23 To 11-OCT-24 Policy Issued On

Midniaht

Co-Insurance Details Own Share: 100%

Insured Name M/S MANGO IT SOLUTIONS

Insured Address HOUSE NO15/3 BLOCK NO 11 SCHEME NO II, OLD PALASIA IN SIDE AB ROAD, PO Area - - , ,

INDORE, MADHYA PRADESH - 452001

Bank Details : No Details No Details

GSTIN / UIN 23ADUPS9604H1Z1 Place of Supply/State 23 - Madhya Pradesh

Code/Name

Company GST No: 23AABCB5730G1Z5 309356460/3 Invoice No:

AABCB5730G Company PAN:

Risk Name: Industrial **Risk Occupancy:** Electronic Software Unit(s)

Description	Sum Insured (Rs)
Fire and Allied Perils-Bharat Sookshma Udyam Suraksha	1,48,00,000.00
Section 2 Burglary and Robbery Cover Electrical Equipments Rs 300000, FFF Rs 1500000, Computers, AC,UPS Battery Rs 2500000, Plate Glass Rs 500000	48,00,000.00
Section 4 Plate Glass Cover (Main Front Door,Front window,Ground front door,First floor main door,second floor main door, meeting room area,CTO Cabin area,Director Cabin area,Meeting room first floor area,Ground floor meeting Pantry area)	5,00,000.00
Section 10 Public Liability Cover	10,00,000.00

Additional** Loading @ 0 % Additional Discount@ 0 % **Base Premium** 7.918.00 **Special Discount** 0 **Net Premium** 7,918.00

Terrorism** Surcharge 3404.0

Stamp Duty

State GST (9%) 1.019.00 Central GST (9%) 1,019.00 **Final Premium** 13.360.00

On specific request and subject to terms and conditions, record of information exchange will be made available.

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.

I/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.

Scope of Cover As per the policy wording attached.

Risk Covered As per Commercial Package Policy (Occupancy : IT Firm))

1)For fire and allied peril section - As per Bharat Sookshma Udyam suraksha .For other sections- As per **Special Perils**

Commercial Package Policy wordings.

Special Exclusions 1) For fire and allied peril section - As per Bharat Sookshma Udyam suraksha .2) For other sections- Ter-

rorism ,As per Commercial Package Policy wordings. 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 dis-

eases arising out of corona viruses in the policy.

As per Commercial Package Policy wordings.

1) For fire and allied peril section - As per Bharat Sookshma Udyam suraksha .2) For other sections- Cy-**Subject to Clauses** ber Risk Exclusion Clause ,Sanctions Limitation and Exclusion Clause. Communicable Disease Exclu-

sion Clause . As per Commercial Package Policy wordings.

Warranties 1) For fire and allied peril section - As per Bharat Sookshma Udyam suraksha .FEA Warranty, Construction warranty, Reinstatement Value clause. Local Authority clause 2) For other sections-

Special Conditions Item details For fire and allied peril Section 1 SFSP Building Rs 10000000, Electrical Equipments Rs

300000, FFF Rs 1500000, Computers, AC, UPS Battery Rs 2500000, Plate Glass Rs 500000

Comments Risk Location: 15/3 Old Palasia Behind Sarda House Indore. Standard Chartered Bank. Agreed Bank

Clause..Quote Is Subject To The Exclusion For Direct And Indirect Loss As A Result Of Infectious Dis-

^{***} All Premium figures are in Rupee.





eases Or Contagious Disease; Including But Not Limited To Diseases Arising Out Of Corona Viruses.

Risk Category Preferred Risk

Cover Category Electronic Software Unit(s)

Bank RM Employee Code: Y

Agency Code BAG100004326 Agency Name : Tejita Dave

Contact No : 9425081162/0

Email - shobhikdave@gmail.com

Premium Collection Details [Receipt No/Collection No/Amount] 2302-00971322 / 367460428 / Rs. 13,360.00 ,

*** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

*** This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached

This is the 'Digital Print' and original Policy would follow and the Original policy, duly countersigned, to be relied on for all legal purposes

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.



Authorized Signatory

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

Channel Name: ML

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. MH004724512202324M Defaced No. 0003585898202324 ORDER NO.CSD/105/2023/3494 ORDER DATED 21.08.2023DEFACED DATE dated 21-AUG-23 timing 15:32:10 of General Stamp Office, Mumbai, India.

Principal Location : 4th Floor, Commerce House, 7 Race Course Road, Indore - 452001 PH:0731-4065790 | Services Accounting Code : 997137 - Other property insurance services. No reverse charge is payable on these services.

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'. 367460428/-/10046532/-/-

Prefix your area code if you are calling from a Mobile Device.

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.

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