



The New India Assurance Company Limited

**D.No. 49-01-09, II nd Floor, Daliraju Super Market,
Sangam Office Bus Stop, Akkayyapalem Main Road,**

VISAKHAPATNAM – 530 016

Ph:0891-2517737: 2591977: 2504849(D) Telfax:0891-2517781

To

Date:01-04-2023

M/S Coromandel International Ltd,
D no: 1-2-10, Sardar Patel Road,
Secunderabad-500003

Sir/Madam,

Sub: List of 19 Locations attached and forming part of Public Liability(Act only) Policy
no:62030036233300000001, Policy period:01-04-2023 to 31-03-2024.

With reference to the captioned subject following are the list of Locations

- 1.M/S Coromandel International Ltd-VISAKHAPATNAM
- 2.M/S Coromandel International Ltd-KAKINADA
- 3.M/S Coromandel International Ltd-ENNORE
- 4.M/S Coromandel International Ltd-RANIPET
- 5.M/S Coromandel International Ltd-THANE
- 6.M/S Coromandel International Ltd-NAVI MUMBAI.
- 7.M/S Coromandel International Ltd-UNIT 1, JAMMU
- 8.M/S Coromandel International Ltd-UNIT2, BARIBRAHMANA, JAMMU
- 9.M/S Coromandel International Ltd, UMBERGAON
- 10.M/S Coromandel International Ltd, GIDC, NANDESARI
- 11.M/S Coromandel International Ltd, PALI
- 12.M/S Coromandel International Ltd, RAIBARELI
- 13.M/S Coromandel International Ltd, MADRI-UDAIPUR
- 14.M/S Coromandel International Ltd, JAGPURA-KOTA
- 16.M/S Coromandel International Ltd, MUNIRABAD
- 16.M/S Coromandel International Ltd, ANKHALESHWAR
- 17.M/S Coromandel International Ltd, DAHEJ
- 18.M/S Coromandel International Ltd – NIMRANI
19. M/S Coromandel International Ltd Super Phosphate factory, ENNORE

Thanking you,



Divisional Manager



POLICY SCHEDULE FOR PUBLIC LIABILITY (Act Only) INSURANCE

UIN NUMBER - IRDAN190P0076100001

Insured's Name	: M/S.COROMANDEL INTERNATIONAL LIMITED		
Insured's Details		Issuing Office Details	
Customer ID	: PO59235971	Office Code	: VIZAG DO-III TIED DO 620300 (620300)
Address	: COROMANDEL HOUSE, D.NO:1-2-10, SARDAR PATEL ROAD, SECUNDERABAD. SECUNDERABAD, TELANGANA, 500003	Address	: D.NO.49-01-09, IIND FLOOR, DALI RAJU SUPER MARKET, AKKAYYPALEM MAIN ROAD, VISHAKAPATNAM - 530 016 530016
Phone No	:	Phone No	: 08912517737 / 08912591977
E-mail/Fax	: MittalA@coromandel.murugappa.com, /	E-mail/Fax	: nia.620300@newindia.co.in / 08912517781
PAN No	: AAACC7852K	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 36AAACC7852K2ZD / NA	GSTIN	: 37AAACN4165C2ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 62030036233300000001	Business Source Code	
Period of Insurance	: From: 01/04/2023 12:00:01 AM To: 31/03/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS NA NA - (1D3937283)
Date of Proposal	: 01-Apr-23	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	: 62030036223300000001	Phone No	: NA / NA
Client Type	: Corporate	E-mail/Fax	: / /

Premium(₹)	ERF Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
148853	148853	26,794	3,24,500	RUPEES THREE LAC TWENTY-FOUR THOUSAND FIVE HUNDRED ONLY	6203008123000000004 9 - 11/04/23

Details of risk covered under current year policy:

Retroactive Date	Paid Up Capital	No Of Locations Involved	AOA	AOA:AOY	AOY	Annual Turnover - Previous Year	Annual Turnover - Proposed Year	Deductible s	No of Other Employee
01/04/2012	NA	18	50000000	1:3	150000000	11000000000	15000000000	14000	3000

Retroactive Dates

Retroactive Date Details	Date	Paid Up Capital	No Of Locations Involved	AOA	AOA:AOY	AOY	Annual Turnover - Previous Year	Annual Turnover - Proposed Year	Deductible s	No of Other Employee
RETROACTIVE DATE 1	01/04/2012		18	50000000	1.3	15000000	11000000000	15000000000	14000	3000

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

Extensions under the Policy

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
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Signature valid

Digitally signed
by AGA S RAYEE
PAN 59235971
Date: 2023.04.11
11:29:58 IST



Special Conditions	AS PER POLICY-19 NO.OF LOCATIONS AS PER LIST ATTACHED HEREWITH AS PER PUBLIC LIABILITY ACT POLICY	
Special Exclusions	NA	
Special Excess/Deductible	0	
Retroactive Dates	Date	
Retroactive date		01/04/2012

The Policy shall be subject to PUBLIC LIABILITY (Act Only) INSURANCE Policy clauses attached herewith.

Clauses	Description	
Premium and GST Details		
	Rate of Tax	Amount in INR
Premium		₹ 2,97,706
SGST	0	0
CGST	0	0
IGST	18	26794

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 11th day of April,2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 11/04/2023

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

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.

Tax Invoice No : 62030023E0000051

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C