



CONTRACTOR'S ALL RISKS INSURANCE POLICY

| Insured's Name | | SRICO PROJECTS PVT LTD. | | | |
|----------------|------|---|----------------|--------|---|
| | Inst | ured's Details | | Issuin | g Office Details |
| Customer ID | : | PO53420163 | Office Code | : | HIMAYATNAGAR (CDUI) (610100) |
| Address | | PLOT NO 178/A, MLA COLONY, ROAD NO 12, BANJARA HILLS, HYDERABAD. TELANGANA, 500034 | Address | : | ANASUYA COMPLEX HIMAYATNAGAR, PO BOX NO. 1051 HYDERABAD 500029 ,500029 |
| Phone No | | 9440896857 | Phone No | : | 04023221235 / 04023223757 |
| E-mail/Fax | : | sricoprojects@gmail.com, / | E-mail/Fax | : | nia.610100@newindia.co.in / 04023261055 |
| PAN No | | AAGCS7109F | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | | 36AAGCS7109F1ZD / NA | GSTIN | : | 36AAACN4165C3ZQ |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| | | Poli | cy Details | | |
|---------------------|---|--|--------------------------------------|-----|---|
| Policy Number | : | 61010044170300000008 | Bus | ine | ss Source Code |
| Period of Insurance | : | From:25/09/2017 10:00:01 AM To: 24/09/2020 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent | : | K.GNANESHWAR - (1D4317398) |
| Date of Proposal | : | 25-Sep-17 | Agent/Bancassurance | : | M. VENKAT SWAMY (NIA1D3936555) AGENT_SITE_50660 (1D3938398) |
| Prev. Policy no. | : | | Phone No | : | 9246503178 / 9440091282 |
| Client Type | : | Non-Corporate | E-mail/Fax | : | 111 |

| Premium | GST | Total | Receipt No. & Date: |
|---------|--------|---------|------------------------------------|
| 1006292 | 181132 | 1187424 | 61010081170000015522 - 26/09/17 |

* Premium subject to adjustment on completion of the Project

Location of Contract site Risk Address: 1 PATHIPATTU, AVADI, CHENNAI., NA, CHENNAI, TAMIL NADU, INDIA, 600071

| Principal(s)/ Contractor/ sub-contractor Details | | | | |
|--|--|--|--|--|
| SI. No. | Name | Address | | |
| 1 | C.E.O., CGEWHO, JANPATH BHAVBAN, NEW DELHI | NEW DELHI, | | |
| 2 | SRICO PROJECTS PVT. LTD. | ROAD NO. 12, BANJARA HILLS, HYDERABAD. | | |

| SI. No. | Description of Contract Works |
|---------|--|
| 1 | 1) CONSTRUCTION OF COMPOSITE HOUSING PROJECT BUILDINGS SCHEME (G +10) IN PLACE OF BUILDINGS OF G+4 CONFIGURATION AT PATHIPATTU, AVADI, CHENNAI, TAMILNADU STATE. 2) NA 3) NA |

| SI. No. | Period of Insurance |
|---------|---|
| 1 | Period of Insurance From: 25/09/2017 10:00:01 AM To: 24/09/2020 11:59:59 PM plus 12 months maintenance period |

| Section I - Ma | aterial Damage : | | | |
|----------------|-------------------------|--|---|------------------------------|
| 1. 1. Contrac | t works (Permanent and | Temporary works including | all materials to be incorporated therein) | |
| SI. No. | 1.1) Contract price | 1.2) Materials or items supplied by the Principal | Any other works and installations not included in 1.1 and 1.2 above (e.g. camp, colony, stores etc. as per list enclosed) | Total Project Sum Insured |
| 1 | ₹1118322100 | ₹0 | ₹0 | ₹1118322100 |

| | | d Machinery (Memo 4) a | | | | T | | |
|----------|----------|--|------------------------|-----------------------|-----------|------------------|--------------------------------|-------------------------------|
| Item No. | Quantity | Description of Items (Type, Manufacture, Capacity) | Year of Manufacture | Sum Insured (In ₹) | Risk Code | to AOG Perils | to Other than AOG Perils | Excess for Boom Section |

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| 1 | 0 | NA | 1982 | 2500000 | PROJECT- Project | 0 | 0 | 20% of claim amount subject to minimum of ₹0/- | | |
|---------------------------|------------------|-----------------------|----------------|-----------------|------------------------|----------------------|---------------|--|--|--|
| 4. Add on (| | | | | | | | | | |
| | Surrounding Pro | Limit of Inc | lemnity | | T | Ex | cess | | | |
| SI. No. | | Elittle of the | ieninicy | | | | Excess | | | |
| 2.Additiona | al Custom Duty | | | | | | | | | |
| SI. | | No.Limit of I | ndemnity | | Excess | | | | | |
| 1 | ₹0 | | | | 5 % of Additional Duty | | | | | |
| 3. Remova | l of Debris per | | | | | | | | | |
| SI. | | No.Limit of Indemnity | | | | | cess | | | |
| 1 | | ₹ 2000000 | | | | Policy | Excess | | | |
| 4. Professi | onal Fees | Na Halla de | Excess | | | | | | | |
| SI. No.Limit of Indemnity | | | | | | | Excess | | | |
| 1 | | ₹ 0 | | | | roncy | LACESS | | | |
| | ing Cost includi | ing Air Freight & Ex | | | 1 | - | | | | |
| SI. | | No.Limit of Indemnity | | | | Excess Policy Excess | | | | |
| 1 | | ₹ | | Policy | Excess | | | | | |
| 6. Offsite S | Storage/ Fabric | ation | | | | | | | | |
| SI. No. | | Limit of Indemnity | | | Excess Policy Excess | | | | | |
| 1 | | ₹0 | | | | Policy | / Excess | | | |
| 7a. On Inc | reased Replace | ement Value which | | paid on replace | ement of Item | 1.1 | | | | |
| SI. No. | | Limit of Inc | | | Excess Policy Excess | | | | | |
| 1 | | ₹55916105 | | | | Policy | / Excess | | | |
| 7b. On Inc | reased Replace | ement Value which | may have to be | paid on replace | ement of Item | 1.2 | | | | |
| SI. No. | | Limit of In | demnity | | | | cess | | | |
| 1 | | ₹0 | | | | Policy | y Excess | | | |
| 7c. On Inc | reased Replace | ement Value which | may have to be | paid on replace | ement of Item | 1.3 | | | | |
| SI. No. | | Limit of In | | | | E) | cess | | | |
| 1 | | ₹0 | | | L | Polic | y Excess | | | |
| 8. Automa | tic Reinstatem | ent clause | | | | | | | | |
| SI. No. | | Limit of In | demnity | | Excess | | | | | |
| 1 | | 0 | | | | Polic | y Excess | | | |
| 9. Loss mi | nimisation exp | enses | | | | | | | | |
| SI. No. | | Limit of In | demnity | | Excess | | | | | |
| 1 | | ₹ (|) | | | Polic | y Excess | | | |
| 10. Cover | for valuable do | ocuments | | | | | | | | |
| SI. No. | | Limit of In | | | | | xcess | | | |
| 1 | | ₹ (|) | | | Polic | y Excess | | | |
| 11. Design | n Defect Cover | | | | _ | | | | | |
| SI. No. | | Limit of In | demnity | | | | xcess | | | |
| 1 | | ₹N | A | | | 5 times l | Policy Excess | 5 | | |

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| SI. No. | Limit of indemnity in respect of any one accident or | Total limit of Section II during policy period | Any One Person |
|----------|--|--|----------------|
| 31. 110. | series of accidents arising out of one event | | ₹2500000 |
| 1 | ₹2500000 | ₹5000000 | |

| xcesses | for Section I and II: | | 3. For Major peril claims as | Terrorism Claims |
|---------|--|--|--------------------------------------|---|
| SI. No. | | Z. TOI Mantechance per | per Memo 8 of Section I | |
| | Construction claims | Clairio | EN -F Claim Amount subject | 0.5 % of Total Sum Insure |
| 1 | Construction claims 5% of Claim Amount subject to Minimum of ₹ 25000 each claim | 5% of Claim Amount subject to Minimum of ₹ 100000 each claim | to Minimum of ₹ 100000 each claim | subject to minimum of ₹ 1,00,000/- for each and every claim |

 Excesses For Specific AddOn Covers:
 Excess

 SI. No.
 Description Of Cover

 Terrorism Covered
 Terrorism Premium

 NO
 0

 Risk Serial No.
 Earth Quake Cover

 YES
 STFI Cover

 Risk Serial No.
 YES

| | Installment I | Details | | |
|--------------------|-------------------------------|------------------------|-------------|--|
| | Installment Date on or before | Installment Amount (₹) | | |
| Installment Number | Installment Date on or before | Premium | Service Tax | |
| | 25/20/2017 | 289309 | 0 . | |
| 1 | 25/09/2017 | 238995 | 0 | |
| 2 | 24/12/2017 | | 0 | |
| 3 | 24/03/2018 | 238994 | 0 | |
| 1 | 24/06/2018 | 238994 | | |

| ENDORSEMENTS ATTACHED TO & FORMING PART OF THE POLICY | | | |
|---|--------------------|-------------------------------|--|
| | | Endorsement Title | |
| SI. No. | Endorsement Number | Exclusion of terrorism damage | |
| | ENG 003 | EXCIUSION OF CENTONS IN CO. | |

| Premium and GST Details | Rate of Tax | Amount in INR ₹1006292 |
|-------------------------|-------------|---------------------------|
| Premium | 9 | 90568 |
| SGST | 9 | 90564 |
| CGST | 0 | 0 |
| IGST | V | |

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 26th day of September,2017.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 26/09/2017

Duly Constituted Attorney(s)

Tax Invoice No: 6101004400000008

IRDA Registration Number: 190