

(In Office Letter head)

Certificate from the relevant Fire Insurance Policy issuing Office.

Certified that the Fire Policy No. _____, issued covering the interest of M/s. _____ in their Industrial Unit of _____ at _____, had been in force for the entire Policy period of _____ to _____.

We also certify that the following information's are true in respect of the above Policy:

- 1.0 Total Sum Insured:
- 2.0 Net premium as per the Policy issued:
- 2.1 Net Premium Refunded:
- 2.3. Refund of Net Premium due/outstanding:
- 3.0 Service Tax paid under the policy:
- 4.0 Any other relevant information:

We, further confirm that no further refund of premium is due / outstanding for reduction of Sum Insured, deletion of perils, silent risk period, cancellation of the Policy, revision of rate/tariff, fire protection, food claims experience, or due to any other reasons under the policy.

The statement made herein above are true to the best of my knowledge and belief.

Date:
Place

Signature of the
Divisional/Branch Manager
Seal: