

Customer Information Sheet
Financial Institution Professional Indemnity Policy

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

| Sl. No. | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|---------|--|---|----------------------|
| 1 | Product Name | Financial Institution Professional Indemnity Policy | NA |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN125CP0002V01202223 | NA |
| 3 | Structure | State basis of Sum / Limit Insured Indemnity Basis | NA |
| 4 | Interests Insured | Financial Institutions such as Banks, Lending Institutions, Insurers, Corporate Advisors, Stockbrokers, Asset Management firms, Investment banks/Manager | NA |
| 5 | Sum Insured | <<as per policy schedule>> | Policy schedule |
| 6 | Policy Coverage | <p>The policy covers third party claims such as</p> <ul style="list-style-type: none"> ➤ for compensatory damages, such indemnity to include claimant costs and expenses including such damages and cost and expenses as result of the insured's physical loss of or damage to document or securities but excluding the intrinsic value of any property or face value of costs of reconstruction of any documents or any loss compensable under a Bankers Blanket Bonds or equivalent policy irrespective of the amount to thereof and whether or not such a policy is actually maintained by the insured ; and ➤ first made against the Insured during the policy period; and ➤ for financial loss caused by a negligent act, negligent error or negligent omission on the part of an Officer or Employee of the Insured; and ➤ arise out of the ordinary course of the provision by the Insured of the financial services described in the Proposal Form; and ➤ be brought other than wholly or partly within the countries stated in as specified in the Item 11 - Country of Jurisdiction of the Schedule, and ➤ arise other than from any negligent act, negligent error or negligent omission which was or may have been or is alleged to have been committed or omitted (as the case may be) wholly or partly within the United States of America and/or Canada; if applicable and | Insuring Clause |

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| | | ➤ relate other than to a negligent act, negligent error or negligent omission which was or may have been or is alleged to have been committed or omitted (as the case may be) before the Retroactive Date specified in the Schedule hereto. | |
| 7 | Add-on Cover | <<as per policy schedule>> | Policy schedule |
| 8 | Loss Participation | <<as per policy schedule>> | Policy schedule |
| 9 | Exclusions | <p>This policy will not pay for any loss arising out of, or in any way connected with</p> <ul style="list-style-type: none"> ➤ Any legal liability assumed by the Insured ➤ dishonest, fraudulent, criminal or malicious act or omission of the Insured or of any Director or of any Officer or Employee or of any sub-contractor or agent of the Insured ➤ arising from bodily, mental or emotional injury, sickness or disease, ➤ arising from any loss of or damage to property ➤ by any loss of or damage to any goods or other property ➤ deliberate breach of any laws, enactments or regulations relating to all and any of the constitution, operation and conduct of the Insured ➤ arising from or contributed to by the Insured having refused to provide any financing or refused to fulfil any actual or alleged commitment to make any loan or transaction in the nature of a loan or a lease or an extension of credit, whether such commitment was authorised or unauthorised ➤ arising from any fact, circumstance or event wherein any third party claim against the Insured would be compensable under a Bankers Blanket Bond or equivalent policy irrespective of the amount thereof and whether or not such a policy is actually maintained by the Insured ➤ Any claim by or on behalf of or at the behest of the Insured's parent company, or any subsidiary or Affiliate of the Insured or of the Insured's parent company, or any company or other entity in which the Insured, or Officers or Employees of the Insured, have an executive or controlling interest ➤ Any third party claim arising out of the insolvency of the Insured ➤ Any fines, penalties, punitive or exemplary damages and any multiple damages except for the single compensatory amount of damages prior to such multiplication ➤ Any claim made against the Insured by or on behalf of or at the behest of any federal or state government, governmental body or governmental agency, except when acting solely in the capacity of a client of the Insured | Exclusions |

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| | | <ul style="list-style-type: none"> ➤ Any suit or legal proceeding brought by or on behalf of or at the behest of a shareholder or shareholders of the Insured in their capacity as such ➤ Any third party claim arising from or contributed to by depreciation (or failure to appreciate) in value of any investments, including securities, commodities, currencies, options and futures transactions, or as a result of any actual or alleged representation, guarantee or warranty provided by or on behalf of the Insured as to the performance of any such investments ➤ Any legal liability arising from or contributed to by loss of value, surrender value or cancellation value of any leased product or service as a result of fluctuations in value of such product or service ➤ Any third party claim for the reimbursement of fees, commissions, costs or other charges paid or payable to the Insured, or, any third party claim based upon allegations against the Insured of excessive fees, commissions, costs or other charges ➤ arising from or contributed to by any failure to provide insurance of any kind, whether such failure concerns the amount, existence or adequacy of such insurance or otherwise ➤ Ionising radiations or contaminations by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel ➤ arising from or contributed to by any actual or alleged seepage, pollution or contamination of any kind ➤ arises directly or indirectly by reason of or in connection with war, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, martial law, or the act of any lawfully constituted Insured | |
| 10. | Special Conditions and Warranties (if any) | <<as per policy schedule>> | Policy schedule |
| 11. | Admissibility of Claim | <ul style="list-style-type: none"> • Mention the broad principle of admissibility / denial of claims [Example: Reporting of loss occurrence; Duty of care & loss minimization; Exclusion of Willful Negligence] 1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately. 2. No admission, offer, promise or payment of liability without Insurer consent. 3. Provide documents in support of your claims 4. Provide all such information and assistance to company which is required. 5. Company has right to defend the claim against Insured. | NA |

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|---|--|---|---|---------|---|--------|--|-------|-----------------------------|--------|----------------|-------|--------------------------|--------|--|
| | | <ul style="list-style-type: none">Include a sample claim calculation process for retail products Claim shall be paid as per following calculation:- <table><tr><th>Head</th><th>Example</th></tr><tr><td>liability as covered under the policy (a)</td><td>100000</td></tr><tr><td>Defense cost (b) (wherever applicable)</td><td>20000</td></tr><tr><td>total loss amount (c = a+b)</td><td>120000</td></tr><tr><td>Deductible (d)</td><td>10000</td></tr><tr><td>Net Payable amount (c-d)</td><td>110000</td></tr></table> <p>** If applicable under the policy</p> | Head | Example | liability as covered under the policy (a) | 100000 | Defense cost (b) (wherever applicable) | 20000 | total loss amount (c = a+b) | 120000 | Deductible (d) | 10000 | Net Payable amount (c-d) | 110000 | |
| Head | Example | | | | | | | | | | | | | | |
| liability as covered under the policy (a) | 100000 | | | | | | | | | | | | | | |
| Defense cost (b) (wherever applicable) | 20000 | | | | | | | | | | | | | | |
| total loss amount (c = a+b) | 120000 | | | | | | | | | | | | | | |
| Deductible (d) | 10000 | | | | | | | | | | | | | | |
| Net Payable amount (c-d) | 110000 | | | | | | | | | | | | | | |
| 12 | Policy Servicing - Claim Intimation and Processing | <ul style="list-style-type: none">Contact us- 022 6158 2020/ 022 6234 6234Website - www.hdfcergo.comEmail- care@hdfcergo.comDetails of designated company officials to be contacted in time of claim Liability Claims Manager – email ID - care@hdfcergo.comTurn Around Time (TAT) for claims settlement <ol style="list-style-type: none">Registration of claim – T +1 daysList of requirement – 7 days from registrationClaim settlement / Denial = T+30 days (T = date of receipt of last documents) <ul style="list-style-type: none">Escalation Matrix when TAT is not satisfiedEmail to – liabilityclaims@hdfcergo.com | NA | | | | | | | | | | | | |
| 13. | Grievance Redressal and Policyholders Protection | <p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>Our Grievance Redressal Officer</p> <p>If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:</p> <ul style="list-style-type: none">Contact us- 022 6158 2020/ 022 6234 6234Emails – grievance@hdfcergo.comContact Details for Senior Citizens: 022 6242 6226 Email ID: seniorcitizen@hdfcergo.comDesignated Grievance Officer in each branch.Company Website – www.hdfcergo.comCourier - Any of our Branch office or corporate office <p>You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.</p> <p>If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at</p> | Contact Details for Grievance and Ombudsman | | | | | | | | | | | | |

| Sl. No. | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
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| | | <p>The Complaint & Grievance Redressal Cell, HDFC ERGO General Insurance The Company Ltd. D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</p> <p>In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p> <p>To the Chief Grievance Officer HDFC ERGO General Insurance The Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra e-mail: cgo@hdfcergo.com</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in</p> <p>You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:</p> <ul style="list-style-type: none"> • Insurance claim that has been rejected or dispute of a claim on legal construction of the policy • Delay in settlement of claim • Dispute with regard to premium • Non-receipt of your insurance document <p>You may also refer Our website www.hdfcergo.com https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.</p> | |
| 14. | Obligations of the Policyholder | <ul style="list-style-type: none"> • To disclose all information correctly sought by the insurer at time of filling the proposal form • In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately • Non-disclosure of material information may affect the claim settlement. <p>Disclosure of other material information during the policy period.</p> | NA |

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)

Note:

- i. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.