

Customer Information Sheet

Signature Management Liability Policy

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

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Signature Management Liability Policy	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125A0004V02201112	NA
3	Structure	Basis of Sum / Limit Insured Indemnity	NA
4	Interests Insured	<ul style="list-style-type: none"> All Directors (past, present & future) All Officers (employed in an executive capacity) Company Secretaries Spouse, Legal Heirs & Representatives 	NA
5	Sum Insured	<<as per policy schedule>>	Policy Schedule
6	Policy Coverage	<p>A. Directors and Officers Liability Coverage The Company shall pay, on behalf of each Insured Person, Loss for which the Insured Person is not indemnified by an Organisation on account of any D&O Claim first made during the Policy Period or, if exercised, during the Extended Reporting Period, for a Wrongful Act occurring before or during the Policy Period.</p> <p>B. Company Reimbursement Coverage The Company shall pay, on behalf of an Organisation, Loss for which an Organisation grants indemnification to each Insured Person, as permitted or required by law, on account of any D&O Claim first made during the Policy Period or, if exercised, during the Extended Reporting Period, for a Wrongful Act occurring before or during the Policy Period.</p> <p>C. Securities Claims Coverage The Company shall pay, on behalf of an Organisation, Loss on account of any Securities Claim first made during the Policy Period or, if exercised, during the Extended Reporting Period, for a Wrongful Act occurring before or during the Policy Period up to the amount of the sub limit set forth in Item 2 of the Schedule.</p>	Insuring Clauses

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p>D. Legal Representation Expenses Directors and Officers Liability The Company shall pay, on behalf of each Insured Person, Legal Representation Expenses for which the Insured Person is not indemnified by an Organisation on account of any Investigation identifying such Insured Person in writing and notified to the Insured during the Policy Period up to the amount of the sub limit set forth in Item 2 of the Schedule.</p> <p>E. Legal Representation Expenses Company Reimbursement The Company shall pay, on behalf of an Organisation, Legal Representation Expenses for which an Organisation grants indemnification to each Insured Person, as permitted or required by law, on account of any Investigation identifying such Insured Person in writing and notified to the Insured during the Policy Period up to the amount of the sub limit set forth in Item 2 of the Schedule.</p>	
7	Add-on Cover	<<as per policy schedule>>	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule
9	Exclusions	<ul style="list-style-type: none"> • Pending or prior litigation, demands or judgments. • Circumstances notified under a prior insurance policy. • Bodily Injury or property damage claims • Any U.S.A claim brought by any organization or any outside entity, if arises out of an outside Directorship • Deliberately fraudulent act or omission or any willful violation or breach of any law by an Insured Person • Deliberately fraudulent act or omission or any willful violation or breach of any law by an Organisation <p>(Refer Policy Wordings for detailed Exclusions)</p>	Exclusions
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy Schedule
11.	Admissibility of Claim	<ol style="list-style-type: none"> 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 for Insured. <ul style="list-style-type: none"> • Include a sample claim calculation process for retail products 	NA

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number												
		<div>Claim shall be paid as per following calculation:-</div> <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>	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	
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12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none">Contact us- 022 6158 2020/ 022 6234 6234Website: www.hdfcergo.com Email : 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 requirements – 7 days from registrationClaim settlement / Denial = T+30 days (T = date of receipt of last documents)Escalation Matrix when TAT is not satisfied Email 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.com Designated Grievance Officer in each branchCompany 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>	Grievance Refressal Procedure												

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p>The Complaint & Grievance Redressal Cell, HDFC ERGO General Insurance Company Limited 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 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. 	NA

Declaration by the Policy Holder:

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

Place: _____

Date: _____

(Signature of the Policyholder)

Note:

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