Venture Capital Asset Protection Policy
UIN: IRDAN125CP0006V01202021

In consideration of payment of the premium and subject to the schedule, limitations, conditions, provisions and other terms of this policy, the company and the insured agree as follows:

INSURING CLAUSE 1

Management Liability Coverage

1. The Company shall pay, on behalf of each **Insured Person**, **Loss** for which the **Insured Person** is not indemnified by the **Organisation** and which the Insured Person becomes legally obligated to pay on account of any **Claim** first made against such Insured Person, individually or otherwise, during the **Policy Period** or, if exercised, during the Extended Reporting Period, for a **Wrongful Act**, but only if such Claim is reported to the Company in writing in the manner and within the time provided in Section 16 of this Policy.

INSURING CLAUSE 2

Management Indemnification Coverage

2. The Company shall pay, on behalf of the **Organisation**, **Loss** for which the **Organisation** grants indemnification to each **Insured Person,** as permitted or required by law, which the **Insured Person** becomes legally obligated to pay on account of any **Claim** first made against such Insured Person, individually or otherwise, during the **Policy Period** or, if exercised, during the Extended Reporting Period, for a **Wrongful Act**, but only if such Claim is reported to the Company in writing in the manner and within the time provided in Section 16 of this Policy.

INSURING CLAUSE 3

Professional Liability Coverage

3. The Company shall pay, on behalf of any **Insured**, **Loss** arising solely out of **Private Equity Venture Investing** for which the Insured becomes legally obligated to pay on account of any **Claim** first made against such Insured during the **Policy Period** or, if exercised, during the Extended Reporting Period, for a **Wrongful Act**, but only if such **Claim** is reported to the Company in writing in the manner and within the time provided in Section 16 of this Policy.

INSURING CLAUSE 4

Outside Directorship Liability Coverage

4. The Company shall pay, on behalf of any I**nsured Person**, **Loss** for which the Insured Person becomes legally obligated to pay on account of any **Claim** first made against such **Insured Person**, individually or otherwise, during the **Policy Period** or, if exercised, during the Extended Reporting Period, for a **Wrongful Act** resulting from his or her **Outside Capacity**, but only if such **Claim** is reported to the Company in writing in the manner and within the time provided in Section 16 of this Policy.

Portfolio Company Outside Directorship Liability Run-off Extension

5. If during the **Policy Period** an **Insured Person** ceases serving in an **Outside Capacity,** then the insurance provided under Insuring Clause 4 of this Policy shall continue until the termination of this Policy, but only with respect to **Wrongful Acts** occurring prior to the time the **Insured Person** ceased serving in such **Outside Capacity**.

Spouses, Estates and Legal Representatives

6. Subject to the limitations, conditions, provisions and other terms of this Policy, coverage shall extend to **Claims** for the **Wrongful Acts** of an **Insured Person** made against:
   a) the estates, heirs, legal representatives or assigns of such **Insured Person** who is deceased or against the legal representatives or assigns of an **Insured Person** who is incompetent, insolvent or bankrupt; and
   b) the lawful spouse of such **Insured Person** solely by reason of such spouse's status as a spouse or such spouse's ownership interest in property which the claimant seeks as recovery for an alleged **Wrongful Act** of such **Insured Person**.

   All terms and conditions of this Policy, including without limitation the Deductible Amount, applicable to **Loss** incurred by the **Insured Person**, shall also apply to loss incurred by the estates, heirs, legal representatives, assigns and spouses of such **Insured Person**. The coverage provided under this Section 6 shall not apply with respect to any loss arising from an act or omission by an **Insured Person's** estate, heirs, legal representatives, assigns or spouse.

Extended Reporting Period

7. If this policy is terminated non-renewed for any reason, other than termination by the Company for non- payment of premium, then the **Principal Organisation** and the **Insured Persons** shall have the right, upon payment of the additional premium set forth in Item 5(A) of the Schedule, to an extension of the coverage granted by this Policy for **Claims** first made during the period set forth in Item 5(B) of the Schedule (the "Extended Reporting Period") following the effective date of termination or non- renewal, but only to the extent such **Claims** are for **Wrongful Acts** occurring before the effective date of termination or non-renewal. The offer of renewal terms and conditions or premiums different from those in effect prior to renewal shall not constitute refusal to renew. The right to purchase an extension of coverage as described under this Section 7 shall lapse unless written notice of election to purchase the extension, together with payment of the additional premium due, is received by the Company within thirty (30) days after the effective date of termination or non-renewal. Any **Claim** made during the Extended Reporting Period shall be deemed to have been made during the immediately preceding **Policy Period**. The entire additional premium for the Extended Reporting Period shall be deemed fully earned at the inception of such Extended Reporting Period.

EXCLUSIONS

Exclusions Applicable to All Insuring Clauses

8. The Company shall not be liable for Loss on account of any Claim made against any Insured:
   a. based upon, arising from, or in consequence of any circumstance if written notice of such circumstance has been given, under any policy of which this Policy is a renewal or replacement, and if such prior policy affords coverage (or would afford such coverage except for the exhaustion of its limits of liability) for such **Loss**, in whole or in part, as a result of such notice;
   b. based upon, arising from, or in consequence of any demand, suit or other proceeding pending against, or order, decree or judgment entered for or against any **Insured** on or prior to the Pending or Prior Date set forth in Item 6 of the Schedule, or the same or substantially the same fact, circumstance or situation underlying or alleged therein;
   c. brought or maintained by or on behalf of any **Insured** in any capacity except:
      i. a Claim that is a derivative action brought or maintained on behalf of an Organisation by one or more persons who are not Insured Persons and who bring and maintain the Claim

without the solicitation, assistance or participation of any Insured Person; or

ii. a Claim brought or maintained by a director, officer, general partner or managing member of an Organisation for the actual or alleged wrongful employment termination of a director, officer, general partner or managing member of such Organisation; or

iii. a Claim brought or maintained by an Insured Person for contribution or indemnity, if the Claim directly results from another Claim covered under this Policy; or

iv. a Claim brought or maintained by all natural persons who were, now are, or shall be duly appointed to an Advisory Board, while acting in their capacity as a member or limited partner of a Private Fund; or

v. a Claim that is caused to be brought in the name of the Organisation pursuant to Section 397 or Section 398 of the Indian Companies Act, 1956, all as amended.

However, this exclusion shall not apply to that part of Loss which constitutes Defence Costs solely and entirely in a jurisdiction other than the United States of America, its territories and possessions, and subject to the substantive and procedural laws of a jurisdiction other than the United States of America, its territories and possessions.

d. for an actual or alleged violation of the responsibilities, obligations or duties imposed by the U.S. Employee Retirement Income Security Act of 1974, the Indian Employees Provident Fund and Miscellaneous Provisions Act, 1952, the Indian Employees State Insurance Act, 1948, the Indian Payment of Bonus Act, 1965, the Indian Payment of Gratuity Act, 1972, the Indian Maternity Benefits Act, the Indian Factories Act, 1961and any subsidiary legislation, all as amended, or similar provisions of any country, state, territory or local statutory law or common law anywhere in the world, as respects, any pension, profit sharing, health and welfare or other employee benefit plan or trust established or maintained for the purpose of providing benefits to employees of an Organisation;

e. for bodily injury, mental anguish or emotional distress, sickness, disease or death of any person or damage to or destruction of any tangible property including loss of use thereof. However, this Exclusion shall not apply to any Claim for mental anguish or emotional distress brought by an employee of an Outside Entity against an Insured Person in an Outside Capacity.

f. for defamation, wrongful entry, eviction, false arrest, false imprisonment, malicious prosecution, assault or battery;

g. based upon, arising from, or in consequence of:

i. any actual, alleged, or threatened exposure to, or generation, storage, transportation, discharge, emission, release, seepage, migration, dispersal, escape, treatment, removal or disposal of any Pollutants; or

ii. any regulation, order, direction or request to test for, monitor, clean up, remove, contain, treat, detoxify or neutralise any Pollutants; or

a. any action taken in contemplation or anticipation of any such regulation, order, direction or request; or

b. any voluntary decision to do so, including but not limited to any Claim for financial loss to the Organisation, its security holders or its creditors based upon, arising from or in consequence of any matter described in i or ii. above;

h. based upon, arising from, or in consequence of any dishonest or deliberately criminal or

deliberately fraudulent act or omission or any wilful violation of any statute or regulation by such Insured if a judgment or other final adjudication adverse to such Insured establishes such dishonest or deliberately criminal or deliberately fraudulent act or omission or wilful violation;

i. based upon, arising from, or in consequence of any Claim against a limited partner, acting in the capacity as a general partner of a Private Fund. However, this Exclusion shall not apply to an Insured Person otherwise covered under this Policy;

j. based upon, arising from, or in consequence of the liability of a party, other than an Insured, assumed by such Insured pursuant to a contract, including without limitation any contract formed electronically pursuant to the Indian Information Technology Act, 2000 as amended, or otherwise, except liability for Loss that the Insured would have had in the absence of such contract;

k. based upon, arising from, or in consequence of any breach of contract, if a judgment or other final adjudication adverse to such Insured establishes any intentional breach of contract;

l. for an accounting of profits made from the purchase or sale by such Insured of securities of the Organisation within the meaning of Section 16(b) of the U.S. Securities Exchange Act of 1934, the Indian Securities and Exchange Board of India Act, 1992, the Securities Contracts (Regulation) Act, 1956 all as amended, or similar provisions of any country, state, territory or local statutory law or common law;

m. based upon, arising from, or in consequence of any Insured having gained any profit, remuneration or advantage to which such Insured was not legally entitled. However, this Exclusion shall not apply unless it is established in fact that such Claim was brought about or contributed to by an Insured having gained any profit, remuneration or advantage to which such Insured was not legally entitled; or

n. made against an organisation that is a Subsidiary or against an Insured Person of such Subsidiary for any error, misstatement, misleading settlement, act, omission, neglect, breach of duty, breach of trust or breach of warranty of authority committed, attempted or allegedly committed or attempted at any time when the organisation was not a Subsidiary.

o. based upon, arising from, or in consequence of any Claim, Loss, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or confiscation or nationalisation or requisition or destruction of, or damage to, property by or under the order of any government or public or local authority.

Exclusions Applicable to Insuring Clause 4 Only

9. The Company shall not be liable for Loss on account of any Claim made against any Insured Person in his or her Outside Capacity:

a. based upon, arising from, or in consequence of any Wrongful Act which occurred prior to the date coverage was granted for the Insured Person, or any Wrongful Act occurring subsequent to the date coverage was granted for the Insured Person which, together with a Wrongful Act

occurring prior to such date, constitute Interrelated Wrongful Acts;

b. based upon arising from, or in consequence of any Wrongful Act which occurs after the date such Insured Person ceases to be a director, officer, general partner, managing general partner, managing member, member of a Board of Managers, governor, Advisory Board member or equivalent executive of an Organisation;

c. for any Claim brought or maintained by or on behalf of any Outside Entity or affiliate of the Outside Entity or one or more directors, officers, trustees governors, board observers or equivalent executives of any Outside Entity except:

i. a **Claim** that is brought or maintained by or on behalf of a **Portfolio Company**, or its directors officers, trustees, governors, board observers or equivalent executives of the **Outside Entity**, and who bring and maintain such **Claim** without the solicitation aid, assistance or participation of any **Insured**;

ii. a **Claim** that is a derivative action brought or maintained on behalf of an **Outside Entity** by one or more persons who are not:

a) **Insured Persons**; or

b) directors, officers, trustees, governors, board observers or equivalent executives of the **Outside Entity**, and who bring and maintain such Claim without the solicitation, assistance or participation of any such person; or

iii. a **Claim** brought or maintained by:

a) an **Insured Person**; or

b) a director, officer, trustee, governor, board observer or equivalent executive of the **Outside Entity**, for contribution or indemnification, if such **Claim** results from another **Claim** covered under this Policy

d. based upon, arising from, or in consequence of:

i. any litigation, **Claim** , demand , cause of action, equitable, legal or quasi-legal proceeding, decree or judgment (collectively referred to as litigation) against the **Outside Entity** occurring prior to, or pending as of the date the **Insured Person** first serves in his or her **Outside Capacity**, of which the **Outside Entity** or the director, officer, trustee, governor, board observer or equivalent executive of the **Outside Entity** received notice or otherwise had knowledge as of such date; or

ii. any subsequent litigation arising from, or based on the same or substantially the same matters alleged in the prior or pending litigation in i. above; or

iii. any Wrongful Act of the Outside Entity, or the director, officer, trustee, governor, board observer or equivalent executive of the Outside Entity, which gave rise to such prior or pending litigation included in i. above.

Severability of Exclusions

10. With respect to the Exclusions herein, in order to determine if coverage is available:

a. no fact pertaining to or knowledge possessed by any Insured Person shall be imputed to any other Insured Person; and

b. only facts pertaining to or knowledge possessed by any past, present, or future chief financial officer, in-house general counsel, president, chief executive officer, chairperson, general partner, managing director or managing member of any Organisation shall be imputed to any Organisation.

Limit of Liability and Deductible

11. The Company's maximum liability for all Loss on account of each Claim covered under one or more of the Insuring Clauses shall be the Limit of Liability set forth in Item 3(A) of the Schedule. The Company's maximum aggregate liability for all Loss on account of all Claims first made during the Policy Period, whether covered under one or more Insuring Clauses, shall be the Aggregate Limit of Liability for each Policy Period set forth in Item 3(B) of the Schedule.

    Defence Costs are part of, and not in addition to, the Limits of Liability set forth in Item 3 of the Schedule, and the payment by the Company of Defence Costs shall reduce and may exhaust such Limits of Liability.

    The Company's liability under the Insuring Clauses shall apply only to that part of each covered Loss which is excess of the applicable Deductible Amount set forth in Item 4 of the Schedule. Such Deductible Amount shall be borne by the Insureds uninsured and at their own risk.

    If different parts of a single Claim are subject to different Deductible Amounts, then the applicable Deductible Amount shall be applied separately to each part of such Claim, but the sum of such Deductible Amounts shall not exceed the largest applicable Deductible Amount.

    All Related Claims shall be treated as a single Claim first made on the date the earliest of such Related Claims was first made, or on the date the earliest of such Related Claims is treated as having been made in accordance with Section 16 of this Policy, regardless of whether such date is before or during the Policy Period.

    The Limit of Liability available during the Extended Reporting Period (if exercised) shall be the remaining portion, if any, of the Company's maximum aggregate liability for all Loss on account of all Claims made during the immediately preceding Policy Period.

Non-Accumulation of Limits

12. if any Loss arising from any Claim made against any Insured, in the Insured's capacity as a director, officer, trustee, board observer or equivalent executive of a Portfolio Company, is insured under any other valid policy(ies) issued by a parent, subsidiary or affiliate of Federal Insurance Company, then payment under such policy(ies) on account of a Claim also covered under this Policy shall reduce, by the amount of the payment, the Company's Limit of Liability under this Policy with respect to such Claim.

Presumptive Indemnification

13. If the Organisation:
    a. fails or refuses, other than for reason of Financial Impairment, to indemnify the Insured Person for Loss; and
    b. is permitted or required to indemnify the Insured Person for such Loss, pursuant to the fullest extent permitted by law

    then, notwithstanding any other conditions, provisions or terms of this Policy to the contrary, any payment by the Company of such Loss shall be subject to:
        i. the applicable Insuring Clause Deductible Amount set forth in ITEM 4. of the Schedule; and
        ii. all of the Exclusions in this Policy.

Defence and Settlement

14. It shall be the duty of the Insured and not the duty of the Company to defend any Claim made against the Insured.

The Company may make any investigation it deems necessary and may, with the written consent of the Principal Organisation, on behalf of the Insured, make any settlement of a Claim it deems expedient.

The Insured agrees not to settle or offer to settle any Claim, incur any Defence Costs or otherwise assume any contractual obligation or admit any liability with respect to any Claim without the Company's prior written consent. The Company shall in no event be liable for any element of Loss incurred, for any obligation assumed, or for any admission made, by any Insured without the Company's prior written consent. Provided the Insured complies with the obligations set forth in the next two paragraphs, the Company shall not unreasonably withhold any such consent.

With respect to any Claim that appears reasonably likely to be covered in whole or in part under this Policy, the Company shall have the right and shall be given the opportunity to effectively associate with, and to be consulted in advance by, the Insured regarding the investigation, defence and settlement of such Claim, including but not limited to selecting appropriate defence counsel and negotiating any settlement.

The Insured agrees to provide the Company with all information, assistance and cooperation which the Company reasonably requests and agrees that in the event of a Claim the Insured shall do nothing that may prejudice the Company's position or its potential or actual rights of recovery.

The Company shall advance Defence Costs as provided under Section 15 of this Policy on a current basis. Any advancement of Defence Costs shall be repaid to the Company by the Insureds, severally according to their respective interests, if and to the extent it is determined that such Defence Costs are not insured under this Policy.

Allocation

15. If both Loss covered by this Policy and loss not covered by this Policy are incurred, either because a Claim against the Insured includes both covered and uncovered matters or covered and uncovered parties, then the Insured and the Company shall allocate such amount between covered Loss and uncovered loss based upon the relative legal and financial exposures of the parties to covered and non- covered matters and, in the event of a settlement in such Claim, also based upon the relative benefits to the parties from such settlement. The Company shall not be liable under this policy for the portion of such amount allocated to non- covered loss.

    If the Insured and the Company agree on an allocation of Defence Costs, then the Company shall advance on a current basis Defence Costs allocated to covered Loss. If the Insured and the Company cannot agree on an allocation:

    a. no presumption as to allocation shall exist in any suit or other proceeding;
    b. the Company shall advance on a current basis Defence Costs which the Company believes to be covered under this Policy until a different allocation is negotiated, or judicially determined; and

    Any negotiated, or judicially determined allocation of Defence Costs on account of a Claim shall be applied retroactively to all Defence Costs on account of such Claim, notwithstanding any prior advancement to the contrary. Any allocation or advancement of Defence Costs on account of a Claim shall not apply to or create any presumption with respect to the allocation of other Loss on account of such Claim.

    As a condition of any payment of Defence Costs the Company may, at its sole option, require a written undertaking on terms and conditions satisfactory to the Company guaranteeing the repayment of any Defence Costs paid to or on behalf of any Insured if it is finally determined that Loss incurred by such

Insured would not be covered.

Reporting and Notice

16. The Insured shall, as a condition precedent to exercising any right to coverage under this Policy, give to the Company written notice of any Claim as soon as practicable, but in no event more than sixty (60) days after the earlier of the following dates:
    a. the date on which any Organisation's chief financial officer, in-house general counsel, president, chief executive officer, chairperson, general partner, managing director or managing member first becomes aware that the Claim has been made; or
    b. if this Policy is not renewed by the Company, the termination date of the Policy Period or, if exercised, the Extended Reporting Period.

    If during the Policy Period an Insured:
    i. becomes aware of circumstances which could give rise to a Claim and gives written notice of such circumstances to the Company; or
    ii. receives a written request to toll or waive a statute of limitations applicable to Wrongful Acts occurring before or during the Policy Period and gives written notice of such request and of such alleged Wrongful Acts to the Company,

    then any Claim subsequently arising from the circumstances referred to in i. above or from the Wrongful Acts referred to in ii. above, shall be deemed to have been first made during the Policy Period in which the written notice described in i. or ii. above was first given by an Insured to the Company, provided any such subsequent Claim is reported to the Company as set forth under this Section 16. With respect to any such subsequent Claim, no coverage under this Policy shall apply to loss incurred prior to the date such subsequent Claim is actually made.

    The Insured shall, as a condition precedent to exercising any right to coverage under this Policy, give to the Company such information and cooperation as the Company may reasonably require, and shall include in any notice under this Section 16 a description of the Claim, circumstances, the nature of any alleged Wrongful Acts, the nature of the alleged or potential damage, the names of all actual or potential claimants, the names of all actual or potential defendants, and the manner in which such Insured first became aware of the Claim or circumstances.

Notice

17. Any notice, direction or instruction given under this policy shall be in writing and delivered by hand or registered post to
    a. In case of the Named Insured, at the address specified in Policy Declaration.
    b. In Our case: at the address specified in Policy Declaration.

    HDFC ERGO GENERAL INSURANCE COMPANY LIMITED
    Corporate Claims Department
    6th Floor, Leela Business Park,
    Andheri Kurla Road, Andheri (E),
    Mumbai – 400059
    Call Centre - 022-6234 6234

    Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

Other Insurance

18. With respect to coverage provided by Insuring Clause 1, 2 and 3, if any Loss under this Policy is insured

under any other valid and collectible insurance policy(ies), then this Policy shall cover such Loss, subject to its limitations, conditions, provisions and other terms, only to the extent that the amount of such Loss is in excess of the applicable retention (or deductible) and limit of liability under such other insurance, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise, unless such other insurance is written only as specific excess insurance over the Limits of Liability provided in this Policy. Any payment by Insureds of a retention or deductible under such other insurance shall deplete, by the amount of such payment, the applicable Deductible Amount under this Policy.

With respect to coverage provided by Insuring Clause 4, this Policy shall be specifically excess of any indemnity (other than the indemnity provided by the Organisation) or insurance available to such Insured Person by reason of serving in an Outside Capacity, including any indemnity or insurance available from or provided by the Outside Entity.

CHANGES IN EXPOSURE

Acquisition or Creation of Another Organisation

19. If before or during the Policy Period the Organisation:
    a. acquires securities or voting rights in another organisation or creates another organisation, which as a result of such acquisition or creation becomes a Subsidiary or Investment Holding Company; or
    b. acquires another organisation by merger into or consolidation with an Organisation,

    then such other organisation and its Insured Persons shall be Insureds under this Policy, but only with respect to Wrongful Acts or Interrelated Wrongful Acts where all or part of such acts occurred after such acquisition or creation unless the Company agrees, after presentation of a complete proposal and all other appropriate information, to provide coverage by endorsement for Wrongful Acts occurring before such acquisition or creation.

    If the fair value of all cash, securities, assumed indebtedness and other consideration paid by the Organisation for any such acquired organisation, new Subsidiary or new Investment Holding Company exceeds fifteen percent (15%) of the total assets of the Principal Organisation (as reflected in the most recent audited consolidated financial statements of such organisation and the Principal Organisation, respectively, as of the date of such acquisition or creation), then the Principal Organisation shall give written notice of such acquisition or creation to the Company as soon as practicable, but in no event later than sixty (60) days after the date of such acquisition or creation, together with such information as the Company may require and shall pay any reasonable additional premium required by the Company. If the Principal Organisation fails to give such notice within the time specified in the preceding sentence, or fails to pay the additional premium required by the Company, then coverage for such acquired or created organisation and its Insured Persons shall terminate with respect to Claims first made more than sixty (60) days after such acquisition or creation.

Acquisition of Principle organisation by Another Organisation:

20. If
    a. If the Principal Organisation or a Private Fund merges into or consolidates with another organisation;
    b. another organisation, or person or group of organisations or persons acting in concert acquires securities or voting rights which result in ownership or voting control by the other organisations or persons of more than 50% of the outstanding securities representing the present right to vote

for the election of directors, select general partners or managing members of the Principal Organisation or a Private Fund;

c. the Principal Organisation completely ceases to actively engage in its primary business ("cessation"); or

d. Financial Impairment occurs,

then coverage under this Policy shall continue until termination of this Policy but only with respect to Claims where all or part of the Wrongful Acts or Interrelated Wrongful Acts occurred prior to such merger, consolidation, acquisition, cessation or Financial Impairment. The Principal Organisation shall give written notice of such merger, consolidation, acquisition, cessation or Financial Impairment to the Company as soon as practicable, together with such information as the Company may require. The full annual premium for the Policy Period shall be deemed fully earned immediately upon the occurrence of any event outlined in a. through d. above.

Cessation of Subsidiaries

21. If during the Policy Period, an organisation ceases to be a Subsidiary, then coverage with respect to such Subsidiary and its Insured Persons shall continue until termination of this Policy, but only with respect to Claims for Wrongful Acts occurring prior to the date such organisation ceased to be a Subsidiary

Creation of Another Private Fund

22. If during the Policy Period, an Organisation sponsors or creates another private investment fund engaged in substantially similar activities as any Private Fund scheduled in Item 2 of the Schedule, then such newly sponsored or created private investment fund and its Insured Persons shall be Insureds under this Policy for a period of sixty (60) days from the date of sponsorship or creation, but only with respect to Wrongful Acts or Interrelated Wrongful Acts where all or part of such acts occurred after such sponsorship or creation. The Principal Organisation shall give written notice of such sponsorship or creation to the Company as soon as practicable, but in no event later than sixty (60) days after the date of such sponsorship or creation, together with such information as the Company may require and shall pay any reasonable additional premium required by the Company. If the Principal Organisation fails to give such notice within the time specified in the preceding sentence, or fails to pay the additional premium required by the Company, then coverage for such sponsored or created private investment fund and its Insured Persons shall terminate with respect to Claims first made more than sixty (60) days after such acquisition or creation.

Representations and Severability

23. In issuing this Policy, the Company has relied upon the statements, representations and information in the Proposal for this Policy. All of the Insureds acknowledge and agree that all such statements, representations and information:

a. are true and accurate;

b. were made or provided in order to induce the Company to issue this policy; and

c. are material to the Company's acceptance of the risk to which this policy applies.

In the event that any of the statements, representations or information in the Proposal are not true and accurate, this policy shall be void with respect to:

i. any Insured who knew as of the effective date of the Proposal the facts that were not truthfully and accurately disclosed (whether or not the Insured knew of such untruthful disclosure in the Proposal) or to whom knowledge of such facts is imputed; and

ii. the Organisation under Insuring Clause 2 to the extent it indemnifies an Insured Person who had such actual or imputed knowledge.

For purposes of the preceding paragraph

a. the knowledge of any Insured Person who is a past, present or future chief financial officer, in-house general counsel, president, chief executive officer, chairperson, general partner, managing director or managing member of any Organisation shall be imputed to such Organisation and its Subsidiaries;

b. the knowledge of the persons who signed the Proposal for this policy shall be imputed to all of the Insureds; and

c. except as provided in (a) above, the knowledge of an Insured Person who did not sign the Proposal shall not be imputed to any other Insured

Subrogation

24. In the event of any payment under this Policy, the Company shall be subrogated, to the extent of such payment, to all the Insured's rights of recovery, and the Insured shall execute all papers required and shall do everything necessary to secure and preserve such rights, including the execution of such documents necessary to enable the Company effectively to bring suit in the name of the Insured.

Action against the Company

25. No action shall lie against the Company unless, as a condition precedent thereto, there shall have been full compliance with all the terms of this Policy. No person or organisation shall have any rights under this Policy to join the Company as party to any action against any Insured to determine such Insured's liability, nor shall the Company be impleaded by such Insured or the Insured's legal representatives. Nothing herein shall be construed as a waiver by the Company of this obligation of compliance, or any part thereof, absent any express written consent by the Company to such waiver.

Bankruptcy or Insolvency

26. Bankruptcy, winding-up, receivership or insolvency of an Insured or the estate of an Insured shall not relieve the Company of its obligations nor deprive the Company of its rights under this Policy.

Authorisation Clause

27. By acceptance of this Policy, the Principal Organisation agrees to act on behalf of all Insureds with respect to the giving and receiving of notice of Claim or termination, the payment of premiums, and the receiving of return premiums that may become due under this Policy, the negotiation, agreement to and acceptance of endorsements, and the giving or receiving of any notice provided for in this Policy, and each Insured agrees that the Principal Organisation shall act on their behalf.

Alteration or Assignment

28. No change in, modification of, or assignment of interest under this Policy shall be effective except when made by a written endorsement to this Policy which is signed by a duly authorised employee of the Company.

Termination of Policy

29. This Policy shall terminate at the earliest of the following times:

a. in the event of non-payment of premium, in which case the Policy shall be void ab initio; or

b. upon receipt by the Principal Organisation of a written notice of termination from the Company for any other reason, stating when thereafter termination shall be effective; or

c. upon receipt by the Company of written notice of termination from the Principal Organisation; or

d. upon expiration of the Policy Period as set forth in Item 7 of the Schedule; or
e. sixty (60) days after receipt by the Principal Organisation of the Company's written notice of nonrenewal. Such notice shall be in conformance with applicable laws and regulations; or
f. at such other time as may be agreed upon by the Company and the Principal Organisation.

The Company shall refund the unearned premium computed at the customary short rate if the Policy is terminated by the Principal Organisation. Under any other circumstances the refund shall be calculated pro rata.

g. any fraud, misrepresentation of material facts & non-disclosure of material fact, the policy shall be void.

The Company shall have no obligation to renew this policy upon its expiration or termination.

Valuation and Foreign Currency

30. All premiums, limits, deductibles, Loss, and other amounts under this Policy are expressed and payable in Indian currency. If judgment is rendered, settlement is denominated or any element of Loss under this Policy is stated in a currency other than Indian Rupees, then payment under this Policy shall be made in Indian Rupees at the interbank cross rate of exchange indicated by the Reserve Bank of India on the date the final judgment is entered, the amount of the settlement is agreed upon or any element of Loss is due.

Coverage Territory

31. Coverage shall extend anywhere in India for Entity EPLI and anywhere in the world for others

Choice of Law And Jurisdiction

32. The construction, interpretation, meaning and enforcement of the provisions of this Policy shall be determined in accordance with and governed by the laws of India. Except as otherwise provided in Section 15, any disputes relating to the construction, interpretation meaning and enforcement of this Policy, shall be submitted to the exclusive jurisdiction of the Indian courts.

Conformity

33. When used in this Policy:

Advisory Board means any board or committee formed pursuant to and identified in the partnership agreement or operating agreement or articles or memorandum of association of an Organisation.

Claim means:

a. written demand for monetary damages;
b. a civil proceeding commenced by the service of a complaint, summons, statement of claim or similar pleading;
c. a criminal proceeding commenced by a summons or charge; or
d. a formal administrative proceeding commenced by the filing of a notice of charges, formal investigative order or similar document, against any Insured for a Wrongful Act, including any appeal therefrom.

A Claim shall be deemed to have been made against an Insured on the date such Insured first received written demand for monetary damages, the date that notice of a judicial or administrative proceeding is served upon such Insured in any country, state, territory or local court or administrative agency, or the date such Insured first received written notice regarding the filing of a notice of charges, formal investigative order or similar document from a country, state, territory or local regulatory agency.

Defence Costs means that part of Loss consisting of reasonable costs, charges, fees (including but

not limited to legal counsels' fees and experts' fees) and expenses (other than regular or overtime wages, salaries or fees of the directors, officers, general partners, managing general partners, managing members, members of a Board of Managers or Board of Directors, governors or employees of the Organisation) incurred in defending or investigating Claims and the premium for appeal, attachment or similar bonds.

Financial Impairment means the status of the Organisation resulting from:

a. the appointment by any country, state or territory official, agency or court, or by any creditor, of any receiver, conservator, liquidator, trustee, rehabilitator or similar official to take control of, supervise, manage or liquidate the Organisation; or
b. the Organisation becoming a debtor in possession under the United States bankruptcy law, the Indian Provisional Insolvency Act, the 1920, Indian Presidency Towns Insolvency Act, 1908 or an equivalent status under the laws of any other country.

Insured means the Organisation and any Insured Person.

Insured Capacity means the position or capacity described in the definition of "Insured Person" held by any Insured Person but shall not include any position or capacity in any organisation other than the Organisation, even if the Organisation directed or requested the Insured Person to serve in such other position or capacity.

Insured Person means:

a. all natural person(s) who were, now are, or shall be member(s) of any Advisory Board, provided such members is indemnified by an Organisation;
b. all natural person(s) who were, now are, or shall be directors, officers, general partners, managing general partners, managing members, members of a Board of Managers, governors or equivalent executives in an Organisation;
c. with respect to any Organisation formed outside the United States of America, any equivalent executive position described in items 1 and 2 above, under applicable law in any country other than the United States of America;
d. employees of an Organisation, but solely for coverage provided by Insuring Clause 3, Professional Liability Coverage.

Interrelated Wrongful Acts means all **Wrongful Acts** based upon, arising from, or in consequence of the same or related facts, circumstances, situations, transactions or events or the same or related series of facts, circumstances, situations, transactions or events. **Investment Holding Company** means any organisation which is created or acquired for the sole purpose of acquiring the securities, debentures or voting rights representing the present right to vote for election of directors or to select managing partners or managing members of a Portfolio Company and in which a Private Fund owns or controls greater than 50% of the outstanding securities or voting rights representing the present right to vote for election of directors or to select general partners or managing members. Investment Holding Company shall not include any Portfolio Company.

Loss means the total amount that any Insured Person (for purposes of Insuring Clauses 1, 2 and 4) or the Organisation (for purposes of Insuring Clause 3) becomes legally obligated to pay on account of any covered Claim including, but not limited to, damages, judgments, settlements, pre-judgment and post- judgment interest and Defence Costs. Loss does not include:

a. any amount not indemnified by the Organisation for which the Insured Person is absolved from payment by reason of any covenant, agreement or court order;

b. any amount incurred by the Organisation (including its board of directors, any committee of the board of directors, or its general partners) in connection with the investigation or evaluation of any Claim or potential Claim by or on behalf of the Organisation;
c. fines, penalties, sanctions or taxes imposed by law, including but not limited to punitive or exemplary damages, or the multiplied portion of any multiplied damage award; or
d. any amount not insurable under the law pursuant to which this Policy is construed; or
e. with the exception of Defence Costs, actual principal, interest, or other monies either paid, accrued or due as a result of any loan, lease, extension of credit or equity contribution; or
f. any amount allocated to non-covered loss pursuant to Section 15 of this policy; or
g. any amount incurred by an Insured in a proceeding or investigation that is not then a Claim even if such:
    i) amount also benefits the defence of a covered Claim; or
    ii) proceeding or investigation subsequently gives rise to a Claim.

Organisation means:

a. each Private Fund;
b. the entity general partner or entity managing general partner of each Private Fund that is organised as a limited partnership or limited liability partnership;
c. the entity managing member of each Private Fund that is organised as a limited liability company;
d. the entity management company identified in the partnership agreement or operating agreement of a Private Fund, whether organised as a stock corporation, general partnership, limited liability partnership or limited liability company incorporated anywhere in the world;
e. any Subsidiary of items a. through d. above;
f. any Investment Holding Company.
g. Principal organization

Outside Capacity means service by an Insured Person as a director, officer, trustee, governor, board observer, or equivalent executive in an Outside Entity, at the request or direction of an Organisation.

Outside Entity means:

a. any Society registered under the Indian Societies Registration Act or the relevant state acts in India as pertaining to the registration of societies and/ or any charity registered (or exempted) under the Indian Trust Act or the relevant state acts in India as pertaining to the registration of trusts , all as amended;
b. a Portfolio Company which is not registered or approved, upon notice of issuance, for direct or indirect trading on a national securities exchange or not authorised or approved for authorisation, upon notice of issuance, for quotation in the U.S. NASDAQ system or equivalent system, or anywhere in the world; or
c. a Portfolio Company during the Policy Period which is registered or approved, upon notice of issuance, for direct or indirect trading on a national securities exchange, or authorised or approved for authorisation, upon notice of issuance, for quotation in the U.S. NASDAQ system or equivalent system anywhere in the world. However, coverage shall only extend to Wro ngful Acts occurring within thirty (30) days after the date of registration or approval for quotation; or
d. a Portfolio Company scheduled by endorsement to this Policy Policy Period means the period of time specified in Item 7 of the Schedule, subject to prior termination in accordance with Section 29. If the period is less than or greater than one(1) year, then the Limits of Liability specified in

Item 3 of the Schedule shall be the Company's maximum liability under this Policy for the entire period.

Pollutants means any substance located anywhere in the world exhibiting any hazardous characteristics as defined by, or identified on a list of hazardous substances issued by, the United States Environmental Protection Agency or Central or State Pollution Control Board in India or a country, state, territory, county, municipality or locality counterpart thereof. Such substances shall include, without limitation, solids, liquids, gaseous thermal irritants, contaminants or smoke, vapour, soot, fumes, acids, alkalis, chemicals or waste materials. Pollutants shall also mean any other air emission, odour, wastewater, oil or oil products, infectious or medical waste, asbestos or asbestos products and any noise.

Portfolio Company means any organisation in which one or more Private Fund or Investment Holding Company, separately or in combination, own or control, or propose to own or control, outstanding securities, debentures or voting rights representing the present right to vote for election of directors or to select general partners or managing members.

Principal Organisation means the entity named in ITEM 1 of the Schedule, as legally constituted at the inception of this Policy.

Private Equity Venture Investing means:

a. the formation, capitalisation, operation, or management, of a Private Fund by an Insured; and
b. any act performed by an Insured for a Portfolio Company or proposed Portfolio Company, of a Private Fund arising from the extending or refusal to extend credit or granting or refusal to grant a loan or any transaction in the nature of a loan; and
c. an Insured's investment in, formation, capitalisation or disposition of, or rendering of management, investment, administrative economic or financial advice (other than tax or legal services rendered for compensation) to a Portfolio Company or proposed Portfolio Company.

Private Fund means any pooled investment vehicle scheduled under Item 2 of the Schedule.

Proposal means all signed proposals, including attachments and materials incorporated therein, submitted by the Insured to the Company for this Policy or any Policy issued by the Company of which this Policy is a direct or indirect renewal or replacement. All such proposals, attachments and materials are deemed attached to, incorporated into and made a part of this Policy.

Related Claims means all Claims for Wrongful Acts and Interrelated Wrongful Acts.

Subsidiary means any organisation, at or prior to inception of this Policy, in which more than 50% of the outstanding securities or voting rights representing the present right to vote for election of directors or to select

Wrongful Act means:

a. for purposes of Insuring Clauses 1 and 2, any error, misstatement, misleading statement, act, omission, neglect, or breach of duty committed, attempted, or allegedly committed or attempted, before or during the Policy Period, by an Insured Person, individually or otherwise, in an Insured Capacity;
b. for purposes of Insuring Clause 3, any error, misstatement, misleading statement, act, omission, neglect, or breach of duty committed, attempted, or allegedly committed or attempted, before or during the Policy Period, by an Organisation, an employee of an Organisation or an Insured Person in an Insured Capacity;
c. for purposes of Insuring Clause 4, any error, misstatement, misleading statement, act, omission,

neglect, or breach of duty committed, attempted, or allegedly committed or attempted, before or during the Policy Period, by an Insured Person in an Outside Capacity.

For the purposes of these definitions, the singular includes the plural and the plural includes the singular, unless otherwise indicated.

Sanctions/Embargoes

35. The Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

Renewal

36. The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid

Condonation in delay of claims

37. If the claim is not notified/ or submitted to us within the specified time limits, then we shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Fraud Warning's

38. This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits

CANCELLATION

39. The first named insured may cancel this insurance or any of its individual coverage's at any time by sending us a written request or by returning the policy and stating when thereafter cancellation is to take effect. In the event of such cancellation we shall retain premium for the period that this policy has been in force calculated in accordance with the scale provided in the table below

    We may cancel this insurance or any of its individual coverage's at any time by sending to the first named insured a notice 60 days in advance of the cancellation date. Our notice of cancellation will be mailed to the first named insured's last known address, and will indicate the date on which coverage is terminated. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice. The earned premium will be computed on a pro rata basis. Any unearned premium will be returned as soon as practicable. We shall have no obligation to give notice that the policy is due for renewal or renew this policy upon expiration or cancellation.

Period of Risk (Not Exceeding)	Short Period Rate Table Period of Risk(Not exceeding)
1 Week	10%
1 Month	25%
2 months	35%
3 Months	50%
4 months	60%
6 months	75%
8 months	85%
Exceeding 8 months	Total Annual Premium

40. **Arbitration**

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

CLAIMS PROCEDURE

It is a condition precedent to cover under the Policy that as soon as the Insured becomes aware of a Claim during the Policy Period, the Insured must notify the Company in writing of the Claim.

Where the Insured becomes aware of facts that might give rise to a Claim against the Insured, or an Inquiry that might involve the Insured, during the Policy Period then the Insured may elect to report those facts in writing to the Company as soon as the Insured becomes aware of those facts but before the end of the Policy Period in which case any Claim that subsequently arises out of those facts shall be deemed to have been reported to the Company at the time those facts were reported to the Company.

All notices must be sent to:

HDFC ERGO GENERAL INSURANCE COMPANY LIMITED
Corporate Claims Department
6th Floor, Leela Business Park,
Andheri Kurla Road, Andheri (E),
Mumbai – 400059
Call Centre - 022-6234 6234

In general, primarily, the following basic documentations are required for taking the claim forward:

- Claim Intimation letter by the insured with respect to the claim or circumstances which would give rise to the claim. This should include information such as Policy details, policy period and Loss details (viz. Loss Location, Contact Details, Details of Loss / Accident, Details of claimants, Rough estimates of Loss).
- Description, in chronological order, as to how, when and where the circumstances leading to the claim or suit occurred including the date when the insured became first aware of such complaint/ demand/circumstance
- Details of the claimants

- Copies of all written demands made against Insured along with the supporting of the nature and quantum claimed and the response of the insured to the said demands.
- In case if no quantum is claimed, the estimate of the damages likely to be claimed ;
- The nature and quantum of damages claimed against the Insured along with supporting or if the claimant has not quantified its damages, Insured's version against the allegations and the estimate of the quantum of damages, thereof
- Copies of all relevant documents relating to the underlying transaction which gave rise to the claim, including correspondence prior and post the occurrence between the parties and any agreements entered into;
- If court proceedings have been initiated, copies of all court documents served on Insured and all court documents filed by Insured;
- Opinion of the counsel in connection to the merits and demerits of the case
- Details of other persons or entities which may be responsible or liable for the loss or damage being claimed; and
- Contact details of person handling the claim in Insured's company.
- Copy of any Internal or external Investigation report and all other relevant reports; if any, including the details of lawyers appointed (if any), and the respective engagement letters
- Any other documents which would be construed as material information to the case.
- Insured should not admit liability; enter into any compromise without company's prior written consent.

In addition, you must:-

(a) authorized us to obtain records and other information;

(b) co-operate with us in the investigation of the claim or in the defense of the suit;

(c) allow us reasonable access to your premises, records and other information; and

(d) assist us, upon our request, in the enforcement of any right against any person or organisation that may be liable to you because of loss to which the policy applies.

Our Claims process:

An acknowledgement with respect to the claim intimation is given to the insured, once we are in receipt of any claim intimation from the insured, a list of preliminary documents is requested from the Insured.

- Surveyor / Investigator may be appointed, if required.
- In case of surveyor appointment, the same will be appointed and the details of the appointment is conveyed to the Insured
- Final survey report will be provided by the surveyor within 90 days of appointment except where special circumstance exist in respect of a claim due to its special complicated nature or due to difficulties associated with replacement/ reinstatement, the surveyor will seek an extension from Insurers for submission of report
- In case of settlement, offer of claim settlement will be made to the Insured within 30 days of receipt of the last document
- In case of settlement, Claim will be settled by the Insurer within 30 days from the receipt of last, relevant & necessary document from the Insured.
- In case of rejection, the same will be conveyed to the Insured within 30 days from the receipt of the

final report and/or documents

- Based on the information submitted in the claim intimation letter / claim form, if required, we may procure more information from the insured depending on the facts mentioned therein up to the satisfaction of the Company.
- Apart from surveyor, an investigator and/or forensic investigator can be appointed and Legal counsel opinions can be sought, if required.

The documents required for processing of claims are:

- Policy/Underwriting documents.
- Survey Report along with annexure and/or Photographs wherever applicable
- All documents and/or information relevant to the claim
- Discharge voucher of the Insured accepting full and final settlement
- KYC documents are compulsory where settlement amount is over 1 la

  Apart from above Standard documents some other documents may be called for based on the nature of claim.

GRIEVANCES REFRESSAL PROCEDURE

In case of any grievance the insured person may contact the company through:

- Website: www.hdfcergo.com
- Customer Service Number: 022 6158 2020 / 022 6234 6234
- Contact Details for Senior Citizen: 022 6242 6226 | Email id: seniorcitizen@hdfcergo.com
- E-mail: care@hdfcergo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call: 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer- care/grievances/escalation level 1 Call: 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call: 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer- care/grievances Call: 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer- care/grievances/escalation level 1 Call: 022 6158 2020/ 022	https://www.hdfcergo.com/customer- care/grievances/escalation level 2 Call: 022 6158 2020/ 022

	Email id: seniorcitizen@hdfcergo.com	6234 6234 Email id: seniorcitizen@hdfcergo.com	6234 6234 Email id: seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.

i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMEN CENTERS

Office Details	**Jurisdiction of Office (Union Territory, District)**
AHMEDABAD **Office of the Insurance Ombudsman,** Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahemdabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU **Office of the Insurance Ombudsman,** Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka.
BHOPAL **Office of the Insurance Ombudsman,**	Madhya Pradesh, Chhattisgarh.

1st floor,"Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in	
BHUBANESWAR **Office of the Insurance Ombudsman,** 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH **Office Of The Insurance Ombudsman,** Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI **Office of the Insurance Ombudsman,** Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI **Office of the Insurance Ombudsman,** 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: oio.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI **Office of the Insurance Ombudsman,** Jeevan Nivesh, 5th Floor,	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in	
HYDERABAD **Office of the Insurance Ombudsman,** 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR **Office of the Insurance Ombudsman,** Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan.
KOCHI **Office of the Insurance Ombudsman,** 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA **Office of the Insurance Ombudsman,** Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW **Office of the Insurance Ombudsman,** 6th Floor, Jeevan Bhawan, Phase-II,	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh,

Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI **Office of the Insurance Ombudsman,** 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA **Office of the Insurance Ombudsman,** Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA **Office of the Insurance Ombudsman,** 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar, Jharkhand.
PUNE **Office of the Insurance Ombudsman,** Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: oio.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE	Area of Navi Mumbai, Thane District, Raigad

Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."