

**Customer Information Sheet**

**Professional Indemnity Insurance (Architects & Engineers)**

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	<b>Professional Indemnity Insurance (Architects &amp; Engineers)</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN146RP0010V01201213	NA
3	Structure	State basis of Sum / Limit Insured Indemnity Basis	NA
4	Interests Insured	Loss arising solely out of Professional Services	NA
5	Sum Insured	<<as stated in the policy schedule>>	Policy schedule
6	Policy Coverage	<p>This policy covers Claims made against the Insured for loss arising due to actual or alleged legal liability provided that the Claim:</p> <ul style="list-style-type: none"> <li>arises out of an actual or alleged negligent act, error or omission in the rendering of or failure to render Professional Services by the Insured or any person or entity for whom the Insured is legally liable, within the Geographical Territory specified in the Schedule; and</li> <li>is made during the Period of Insurance and reported to the Company in writing during the Period of Insurance or any applicable Extended Reporting Period and the negligent act, error or omission in the rendering of or failure to render Professional Services first takes place on or after the Retroactive date but before the expiration of the policy;</li> </ul>	Insurance Cover
7	Add-on Cover	<<coverage & limits as stated in the policy schedule under add on section>>	Policy schedule
8	Loss Participation	<<as per policy schedule>>	Policy schedule

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9	Exclusions	<ol style="list-style-type: none"> <li>1. This policy will not indemnify the Insured in respect of any of the following:</li> <li>2.</li> <li>3. Property Damage and Bodily Injury</li> <li>4. Contractual Liability</li> <li>5. Electrical or Telecommunications Failure and Malfunction</li> <li>6. Directors and Officers and Employment Liabilities</li> <li>7. Faulty workmanship</li> <li>8. Fines, Penalties or Punitive Damages</li> <li>9. Insurance and Suretyship</li> <li>10. Insured vs. Insured- Any Claim made against the Insured by any other Insured</li> <li>11. Intentional/Dishonest Acts/Criminal Act with Innocent Insured Exception</li> <li>12. Any nuclear reaction, or contamination, under any circumstances and regardless of cause, within or originating from a nuclear facility</li> <li>13. Related Entities and Individuals</li> <li>14. War and war like actions</li> <li>15. Warranty, guaranty or promise</li> <li>16. Project subject to Project specific insurance</li> <li>17. Intellectual Property Rights</li> <li>18. Asbestos</li> <li>19. Pollution</li> <li>20. Terrorism</li> <li>21. other exclusions as per policy schedule</li> </ol>	Exclusions												
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy schedule												
11.	Admissibility of Claim	<ol style="list-style-type: none"> <li>1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately.</li> <li>2. No admission, offer, promise or payment of liability without Insurer consent.</li> <li>3. Provide all such information and assistance to company which is required.</li> <li>4. Company has right to defend the claim against Insured.</li> </ol> <p><u>Claim shall be paid as per following calculation:-</u></p> <table border="1"> <thead> <tr> <th>Head</th> <th>Example</th> </tr> </thead> <tbody> <tr> <td>Legal liability as covered under the policy (a)</td> <td>100000</td> </tr> <tr> <td>Defense cost (b)</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> </tbody> </table>	Head	Example	Legal liability as covered under the policy (a)	100000	Defense cost (b)	20000	total loss amount (c = a+b)	120000	Deductible (d)	10000	Net Payable amount (c-d)	110000	NA
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12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> <li>• Contact us- 022 6158 2020/ 022 6234 6234</li> <li>• Website - www.hdfcergo.com Email- care@hdfcergo.com</li> <li>• Details of designated company officials to be contacted in time of claim Liability Claims Manager – email ID - care@hdfcergo.com</li> <li>• Turn Around Time (TAT) in working hours/ days for claims settlement               <ol style="list-style-type: none"> <li>1. Surveyor appointment- 24 hours from claim intimation</li> <li>2. Survey report- 15 days from allotment of survey</li> <li>3. Decision of claim to insured - 7 days from survey report</li> </ol> </li> <li>• Escalation Matrix when TAT is not satisfied Email to – liabilityclaims@hdfcergo.com</li> </ul>	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><b>1. Our Grievance Redressal Officer</b></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"> <li>• Contact us- 022 6158 2020/ 022 6234 6234</li> <li>• Emails – grievance@hdfcergo.com</li> <li>• Contact Details for Senior Citizens: 022 6242 6226   Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch.</li> <li>• Company Website – www.hdfcergo.com</li> <li>• Courier - Any of our Branch office or corporate office</li> </ul> <p>You may also approach the Complaint &amp; Grievance (C&amp;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> <p style="text-align: center;"><b>The Complaint &amp; 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</b></p>	Grievance Redressal Procedure

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		<p>In case you are not satisfied with the response / resolution given / offered by the C&amp;G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p> <p><b>To the Chief Grievance Officer</b>  <b>HDFC ERGO General Insurance The Company Limited</b>  <b>D-301, 3rd Floor, Eastern Business District (Magnet Mall),</b>  <b>LBS Marg, Bhandup (West),</b>  <b>Mumbai - 400078, Maharashtra</b>  <b>e-mail: cgo@hdfcergo.com</b></p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- <a href="https://bimabharosa.irdai.gov.in">https://bimabharosa.irdai.gov.in</a></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"> <li>• Insurance claim that has been rejected or dispute of a claim on legal construction of the policy</li> <li>• Delay in settlement of claim</li> <li>• Dispute with regard to premium</li> <li>• Non-receipt of your insurance document</li> </ul> <p>You may also refer Our website <a href="http://www.hdfcergo.com">www.hdfcergo.com</a> <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a> for detailed grievance redressal procedure.</p>	
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> <li>• To disclose all information correctly sought by the insurer at time of filling the proposal form</li> <li>• In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately</li> <li>• Non-disclosure of material information may affect the claim settlement.</li> <li>• Disclosure of other material information during the policy period.</li> </ul>	NA

**Declaration by the Policy Holder:**

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.