

**Customer Information Sheet**  
**Educators Insurance 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	<b>Educators Insurance Policy</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0006V01200607	NA
3	Structure	Basis of Sum / Limit Insured Claim Made basis	NA
4	Interests Insured	Personally and financially liable administrators, teachers and educators for their alleged actions or inactions	NA
5	Sum Insured	<<as per policy schedule>>	Policy Schedule
6	Policy Coverage	The Company shall pay on behalf of an Insured all Loss which such 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) a Wrongful Act; (b) Educator's Errors or Omissions; or (c) Employment Practices committed, attempted, or allegedly committed or attempted, by such Insured before or during the Policy Period.	INSURING CLAUSES
7	Add-on Cover	<<as per policy schedule>>	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule
9	Exclusions	The Company shall not be liable for Loss on account of any Claim: (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 for monetary damages, suit, formal administrative or regulatory proceeding commenced by the filing of a notice of charges, formal investigative order or similar document pending, or order or judgment entered against any Insured on or prior to the Pending or Prior date set forth in Item 9 of the Schedule, or the same or any substantially similar fact, circumstance or situation underlying or alleged therein;	EXCLUSIONS

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		<p>(c) based upon, arising from, or in consequence of any deliberately fraudulent act or omission by such Insured if a judgment or other final adjudication adverse to the Insured establishes such deliberately fraudulent act or omission;</p> <p>(d) based upon, arising from, or in consequence of such Insured having gained in fact any profit, remuneration or advantage to which such Insured was not legally entitled;</p> <p>(e) based upon, arising from, or in consequence of Pollution. However, this exclusion shall not apply to any Claim for wrongful dismissal, discharge or termination of employment of any claimant in retaliation for such claimant's actual or alleged (i) refusal to violate any central, state or local statutory law or common law regarding Pollution; or (ii) disclosure regarding any actual or alleged Pollution by any Educational Institution;</p> <p>(f) based upon, arising from, or in consequence of any written, oral, express or implied contract or agreement. However, this exclusion shall not apply to (i) Employment Practices; or (ii) that part of Loss which constitutes Defence Costs;</p> <p>(g) based upon, arising from, or in consequence of performing or failure to perform any Professional Service other than education or teaching of students;</p> <p>(h) based upon, arising from, or in consequence of any collectively bargained or negotiated labor agreement;</p> <p>(i) based upon, arising from, or in consequence of any actual or alleged obligation of any Insured pursuant to any workers' compensation, unemployment insurance, social security, disability benefits or similar law. However, this exclusion shall not apply to any Claim for any retaliatory treatment of any claimant by any Insured based upon such claimant's exercise of rights pursuant to any such law;</p> <p>(j) for bodily injury, sickness, disease or death of any person, loss of use of tangible property whether or not it is damaged or destroyed, or damage to or destruction of any tangible property; or</p> <p>(k) for assault, battery or any act or omission in connection with the prevention or suppression of such acts, whether caused by or at the instigation or direction of any Insured, other person or entity.</p>	
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> </ol>	NA

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		<p>3. Provide documents in support of your claims</p> <p>4. Provide all such information and assistance to company which is required.</p> <p>5. Company has right to defend the claim for Insured.</p> <ul style="list-style-type: none"> <li>• Include a sample claim calculation process for retail products</li> </ul> <p>Claim shall be paid as per following calculation:-</p> <table border="1" data-bbox="320 331 894 544"> <thead> <tr> <th data-bbox="320 331 766 368">Head</th> <th data-bbox="766 331 894 368">Example</th> </tr> </thead> <tbody> <tr> <td data-bbox="320 368 766 400">liability as covered under the policy (a)</td> <td data-bbox="766 368 894 400">100000</td> </tr> <tr> <td data-bbox="320 400 766 432">Defense cost (b) (wherever applicable)</td> <td data-bbox="766 400 894 432">20000</td> </tr> <tr> <td data-bbox="320 432 766 464">total loss amount (c = a+b)</td> <td data-bbox="766 432 894 464">120000</td> </tr> <tr> <td data-bbox="320 464 766 496">Deductible (d)</td> <td data-bbox="766 464 894 496">10000</td> </tr> <tr> <td data-bbox="320 496 766 544">Net Payable amount (c-d)</td> <td data-bbox="766 496 894 544">110000</td> </tr> </tbody> </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"> <li>• Contact us- 022 6158 2020/ 022 6234 6234</li> <li>• Website: www.hdfcergo.com</li> <li>• 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</li> </ul> <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> <ul style="list-style-type: none"> <li>• Escalation Matrix when TAT is not satisfied</li> <li>• 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</li> <li>• 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>	GRIEVANCE REFRESSAL PROCEDURE												

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<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><b>The Complaint &amp; 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</b></p> <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 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</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> </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:**

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