

Customer Information Sheet

Signature Professional Indemnity

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>Signature Professional Indemnity</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0008V01201213	NA
3	Structure	Basis of Sum / Limit Insured <b>Indemnity</b>	NA
4	Interests Insured	All commercial business enterprises, which would include professionals such as Architects and Engineers, Lawyers, Accountant, Doctors and all those who engaged in providing knowledge base services to their client.	NA
5	Sum Insured	<<as per policy schedule>>	Policy Schedule
6	Policy Coverage	Under this policy, the policy holder is indemnified from the law suit filed against them due to their negligent act, error or omission committed or alleged to have been committed by the policy holder or on his behalf while performing or discharging their Professional Services during the policy period.  This policy not only indemnifies the losses which the insured legally obligated to pay on account of claim that arises from the breach of professional duty but also indemnifies the legal cost and expenses insured incurred in defending, investigating, settling or appealing any claim that arises on account of formal investigation.  Coverage may also extend to the expenses undertaken by the insured in retaining the services of any public relation firm, crisis management firm or executive search firm with respect to managing the public communication and limiting the disruption of the insured's business. Expenses under this cover shall be payable despite the fact, that there is no allegation of a wrongful act.	INSURING CLAUSES AGREEMENT
7	Add-on Cover	<<as per policy schedule>>	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule
9	Exclusions	Following cases are not covered within this policy <ol style="list-style-type: none"> <li>1. Bodily injury or property damage not associated with the performance of Professional Services.</li> <li>2. Fraudulent act or willful violation of law, regulation etc by an insured.</li> <li>3. Failure to perform professional services for any insured or for any entity controlled, owned or manage by any insured</li> </ol>	Exclusions

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		<p>4. Deliberate infringement or misappropriation of intellectual property rights such as copyright, patent or trademark, whether registrable or not.</p> <p>5. Loss arising from or in consequence of Pollution. (Refer Policy Wordings for detailed Exclusions)</p>													
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy Schedule												
11.	Admissibility of Claim	<p>1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately</p> <p>2. No admission, offer, promise or payment of liability without Insurer consent.</p> <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"> <thead> <tr> <th>Head</th> <th>Example</th> </tr> </thead> <tbody> <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> </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	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</li> </ul> <p>Liability Claims Manager – email ID - care@hdfcergo.com</p> <ul style="list-style-type: none"> <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 Email to – liabilityclaims@hdfcergo.com</li> </ul>	NA												
13.	Grievance Redressal and Policyholders Protection	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:	GRIEVANCE REFRESSAL PROCEDURE												

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p><b>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><b>The Complaint &amp; Grievance Redressal Cell, HDFC ERGO General Insurance The 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 The 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>	

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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 Policyholder;

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.