

# Bajaj Allianz General Insurance Company Ltd.

Corporate Identity Number (CIN): U66010PN2000PLC015329
Unique Identification Number (UIN): IRDAN113RP0031V01200102
Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006

## Transcript of Proposal for PROFESSIONAL INDEMNITY INSURANCE POLICY

Dear SYMMETRICS DEVELOPMENT SERVICES PVT LTD,

We, Bajaj Allianz General Insurance Company Ltd , wish to inform you that the your contract will based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from the date of your receipt of this document [but in case of short term policies, your revert shall reach us before the activities/risks covered by policies are started]. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned transcript and declaration. Where you disagree to any of information/contents of this transcript, standard Terms or conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges. Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Personal Information of Insured			
Title [Mr/Mrs/Ms/Company/ other entity]	Company	First Name	SYMMETRICS DEVELOPMENT SERVICES PVT LTD
Middle Name		Last Name	
Email Address	jyoti@futurisk.in	Mobile Number	9136762598
Date of Birth		Nationality	
Pan No	AAJCS3583Q		
Medical Registration Number/Year of Regis- tration/Number of Years Practicing	Insureds Profession : INTERIOR DESIGN CONSULTANCY SERVICES.		
Permanent Address		Mailing Address	
House No/ Building No/ Flat No	129, 2ND CROSS PROMENADE RD, R T NAGAR, SINDHI COLONY	House No/ Building No/ Flat No	129, 2ND CROSS PROMENADE RD, R T NAGAR, SINDHI COLONY
Street/ Locality/ Land- mark		Street/ Locality/ Land- mark	
State	KARNATAKA	State	KARNATAKA
City	BANGALORE	City	BANGALORE
Area		Area	
Pincode	560005	Pincode	560005

1. Professional Qualifications and Years of these Qualification

Insureds Profession: INTERIOR DESIGN CONSULTANCY SERVICES.

2. In which branch of medicine viz. Allopathy / Homeopathy, please specify.

Insureds Profession: INTERIOR DESIGN CONSULTANCY SERVICES.

3. (a). Are you member of any Medical Council

Insureds Profession: INTERIOR DESIGN CONSULTANCY SERVICES.

(b). If so, please mention the name and address of such association/ council with Membership no.

Insureds Profession: INTERIOR DESIGN CONSULTANCY SERVICES.

4. Are you a General Practitioner/ General Physician/ Pathologist/ radiologist/ Consulting Physician/ Anaesthetist/ Plastic Surgeon Insureds Profession: INTERIOR DESIGN CONSULTANCY SERVICES.

5. If Specialist, Mention your area of Specialisation

Insureds Profession: INTERIOR DESIGN CONSULTANCY SERVICES.



- 6. Specify Facilities such as dispensing facility, x-ray radiation therapy, scanning, ECG, Sonography, MRI, Etc. available / operated by you or under your control: No
- 7. Are these facilities being maintained through regular service contracts with the manufacturers/ specialised serving agencies: NA
- 8. If these facilities are operated by employees please state their (1) names (2) Technical Qualifications (3) Experience and (4) Name of the facility maintained against (Please use a separate sheet ): NA
- 9. Do you wish to extend the policy cover to personnel's unqualified to maintain these facilities, please mention their names along with facility operated: No
- 10. Specify No. of Employees, their job specifications, their experience and nature of your supervision: None
- 11. (a) Are You attached to /or attending as a visiting physician / surgeon in any hospital / nursing home/clinic etc., If Yes, please give details: No
- (b) Are you in service with any organisation? : No
- (c) Are They Covered under a Medical Establishments Errors and omissions Policy: No
- 12. State the average No. of Patients you are attending per day: Information not available
- 13. Does the Proposer currently hold any Professional Indemnity Insurance? : No

(a) If Yes,

Renewal Date : NA Limit of Indemnity : NA Retroactive Date : NA

(b) Please indicate if the following covers are required

i. Loss of Documents: Yes

If 'Yes', does the Proposer keep documents in fire proof cabinets? : No

ii. Libel and Slander : Yesii. Libel and Slander : No

iii. Dishonesty of Employees: Yes

- 14. Has any insurer in respect of the risks to which this proposal relates ever
- a. Declined a proposal, refused renewal or terminated an insurance? : No
- b. Required an increased premium or imposed special conditions? : No  $\,$

If 'Yes', in either case, please give details : NA

15.

- a. Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties? : No
- b. Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover?: No

If 'Yes', in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident. : NA

16.

- a. What is the amount of Indemnity required? Limit of Liability: INR 210,000,000/- each and every claim and in the Aggregate; Sub Limits, which form part of and are not in addition to the Limit of Liability: (i) INR 42,000,000/- for Emergency Costs Advancement in the aggregate; (ii) INR 105,000,000/- for Legal Representation Costs in the aggregate; (iii) Full Limit Lost Documents in the aggregate; (iv) INR 63,000,000/- for Mitigation Costs in the aggregate;
- b. Please state any alternative amounts for which a quotation is required : None  $\,$

If 'Yes', in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident. : NA

17.

- a. Please state the amount the Proposer wish to contribute towards each and every claim: As per standard policy conditions
- b. Please state any alternative amounts for which a quotation is required : None  $\,$

## A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, were fully explained to you and for full details thereof please refer to the Policy wordings:

Answer given by You: Yes, I/we have been explained in full the details of exclusions, standard terms and conditions and knowing the same I/we have opted and proposed for this Policy.

- B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed insurance contract basis which you have confirmed for policy issuance.
- C. In case of Disagreement or objection or any changes with respect to information, declarations, Terms and Conditions, exclusions and contents mentioned hereinabove, please contact our toll free number and register your objections / changes / disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from



date of your receipt of this transcript along with Policy.

## **DECLARATIONS AND WARRANTIES:**

- A. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to you and you have fully understood the significance of the proposed contract basis which you have confirmed for Policy issuance.
- B. I hereby declare, on my behalf, that the above statements, answers and/or particulars are as given by me, as in this transcript, are true and complete in all respects to the best of my knowledge.
- C. I understand that the information provided by me, as in this transcript, will form the basis of the insurance contract and is subject to the Board approved underwriting policy of the Company.
- D. You declare that the statements and particulars given in this transcript are complete, true and accurate to the best of your personal knowledge and belief. I also do hereby agree and undertake to immediately inform the Company any changes in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form.
- E. I authorize the Company to share information pertaining to my proposal for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority, reinsurers, group companies, auditors/legal counsel, service providers etc.. My this authorisation is given under all the applicable laws, including data privacy laws.
- F. I declare that if it is found that any of the statements, particulars and or answers in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect on any material/ immaterial facts/particulars, to the grant of a cover or otherwise, the Company shall have no liability under the insurance contract or the policy document thereunder, apart from Company's right to cancel my insurance policy/contract and the premium paid by me shall be forfeited by the Company.
- G. I hereby authorize company that all Standard Terms and Conditions of policy can be displayed in the website of Company that enables access by me/us if I/We want to know the terms and conditions of policy displayed on website. I shall be bound by the Privacy Policy of the Company.
- H. I agree that the Standard Terms and Conditions displayed in the website of company/sent to me for the Policy taken by me for the first time shall be applicable to the renewal Policy and the Company need not sent the Standard Terms and Conditions at the time of renewal and if I/we require the same I/We will seek the same from the Company.

Toll free Number: 1800-103-2529,1800-102-5858 and 1800-209-5858

Email address: bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at: Golden Heights,4th Floor,, No.1/2,59th C Cross, 4th M Block,Rajajinagar, , BANGALORE-560010,Phone No: 080-67195000

\*\* This is print of electronic records maintained by us in accordance with law and hence does not require signature.

Scrutiny No: 292450011

## SECTION 41 OF INSURANCE ACT, 1938

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person in breach of complying with the provisions of this section shall be punishable with a penalty, which may extend to Ten Lakh Rupees.



# Bajaj Allianz General Insurance Company Ltd. Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006 PROFESSIONAL INDEMNITY INSURANCE POLICY POLICY SCHEDULE

UIN: IRDAN113RP0031V01200102

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice,

Golden Heights,4th Floor,, No.1/2,59th C Cross, 4th M Block,Rajajinagar, , BANGALORE-560010 Phone No :080-67195000

summons, etc. :

Period of Insurance

Policy No. OG-22-1701-3305-00000056

Product PROFESSIONAL INDEMNITY INSURANCE POLICY

Midnight

Co-Insurance Details Own Share: 100%

Insured Name SYMMETRICS DEVELOPMENT SERVICES PVT LTD

Insured Address 129, 2ND CROSS PROMENADE RD, R T NAGAR, SINDHI COLONY, , PO Area - -, PULIKESHI

NAGAR, BANGALORE, KARNATAKA - 560005

Bank Details : No Details No Details

GSTIN / UIN 29AAJCS3583Q1ZC Place of Supply/State 29 - Karnataka

Code/Name

**Company GST No:** 29AABCB5730G1ZT **Invoice No:** 312582219/1

Company PAN : AABCB5730G

DescriptionSum Insured (Rs)Aggregate limit of indemnity during the policy period21,00,00,000.00

Additional\*\* Loading @ 0 %
Additional Discount@ 0 %
Base Premium 4,20,000.00

Special Discount 0

**Net Premium** 4,20,000.00

Terrorism\*\* Surcharge 0.0

**Stamp Duty** 

 State GST (9%)
 37,800.00

 Central GST (9%)
 37,800.00

 Final Premium
 4,95,600.00

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

**Scope of Cover** As per the policy wording attached.

Risk Covered Miscellaneous Professional Indemnity Insurance (Claims-Made Basis).

**Special Perils** As per standard policy wordings attached.

Special Exclusions 1) Conduct; 2) Communicable disease exclusion; 3) Cost Assessment; 4) Directors and Officers Liability;

5) Employers Liability; 6) Employment Practice Violation; 7) Manufacturing Liability; 8) Pollution; 9) Prior Claims/ Circumstances; 10) Critical Infrastructure Failure (CIF) Exclusion; 11) Others as per policy word-

ings.

Subject to Clauses Retention: India: INR 140,000/- for each and every claim; ROW: INR 210,000/- for each and every

claim; Coverage Highlights: Automatic Acquisition -less than 35% of the total annual revenue of the Policyholder; Continuous Cover applicable for BAGIC renewal (as per form); Emergency Costs Advancement; Fraud and Dishonesty; Joint Ventures; Legal Representation Costs; Lost Documents; Management buyouts; Mitigation Costs; Consultants; No delay exclusion as per form; Fines or penalties wherever insurable by law: Full Limit; Carve back cover for bodily injury/property damage arising out of negligent act or error or omission in rendering or failure to render professional services and technology based services; IPR Infringement as per policy form (excluding patents and trade secrets); Carve back for contractual liability to the extent such liability would have attached in the absence of such contractual duty, term or agreement; Carve back for Infrastructure wherever outside the direct control of the Insured.

Warranties Limit of Liability: INR 210,000,000/- each and every claim and in the Aggregate; Sub Limits, which form

part of and are not in addition to the Limit of Liability: (i) INR 42,000,000/- for Emergency Costs Advancement in the aggregate; (ii) INR 105,000,000/- for Legal Representation Costs in the aggregate; (iii) Full Limit Lost Documents in the aggregate; (iv) INR 63,000,000/- for Mitigation Costs in the aggregate;

Special Conditions Territory & Jurisdiction: Worldwide incl. USA / Canada; Retroactive Date : 13.10.2016 As per expiring

policy; subject to submission of expiring policy, continuous insurance and nil claim / circumstances in expiring policy or else date of inception with BAGICL; For Cyber extensions: 14 Oct 2019; Revenue: FOR 2020-21 Revenue of Indian entity INR 195,000,000/-; Revenue of subsidiary entity 0.2 Mn USD; FOR 2021-22: Revenue of Indian entity INR 500,000,000/-; Revenue of subsidiary entity TBA.Policy Endorsements: 1) Amended Discovery Period: 90 days free or 12 months at 75% additional premium; 2) Defamation; 3) Automatic Acquisition ¿ less than 35% of the total annual revenue of the Policyholder; 4) Breach of Confidentiality; 5) Disputed Fees Sub limited to 10% of LOI per claim and in aggregate; 6)

<sup>\*\*\*</sup> All Premium figures are in Rupee.



Court attendance Fees: INR 25,000/- per employee and INR 50,000 per director for 30 days; 7) Additional insured Endorsement (Covered only for liability claims arising on additional Insured due to negligence of the Original Insured); 8) Waiver of subrogation clause wherever required by the contract; 9) Non cancellation of policy other than non payment of premium; 10) Control Group clause; 11) Sanctions / Embargo Clause; 12) Iran Risk Clause; 13) Unauthorised Access-Upto 20% of LOI with a separate deductible of INR 25 lakhs flat for EEC; 14) Privacy breach related notification costs cover endorsement Upto 20% of LOI with a separatedeductible of INR 25 lakhs flat for EEC; 15) data protection and cyber liability endorsement:-(A) Data Privacy Breach including Notification Costs ,Regulatory Actions,Regulatory fines and penalties: 50% of Policy Limits in aggregate; (B) CYBER EXTORTION COVER: 50% of Policy Limits in aggregate Retention: INR Equivalent to USD 15,000 for each and every claim.

Comments Insureds Profession: INTERIOR DESIGN CONSULTANCY SERVICES.

Bank RM Employee Code:

Broker Code 10013210 Channel Name : BR

**Broker Name: Futurisk Insurance Broking Co Pvt Ltd** 

Contact No: 044-42119882/3/0

Email -

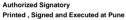
Premium Collection Details [Receipt No/Collection No/Amount] 1701-02783400 / 292450011 / Rs. 4,95,600.00 ,

\*\*\* If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

\*\*\* This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

M.



Duty Rs.0.5

This document is digitally signed, hence counter signature / stamp is not required

Regd Office: Bajaj Allianz House, Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH014271630202021M Defaced No. 0000144047202122 dated 12-APR-21 timing 13:29:05 of General Stamp Office, Mumbai, India.

Principal Location: Golden Heights, 4th Floor, No.1/2, 59th C Cross, 4th M Block, Rajajinagar, BANGALORE - 560010 PH:080-67195000 | Services Accounting Code: 997139 - Other non-life insurance services (excluding reinsurance services). No reverse charge is payable on these services.

In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

292450011/-/10013210/NA/-

Prefix your area code if you are calling from a Mobile Device.

A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Generated by manoj negi

Quotation No: QU-22-1701-3305-00000131