

ERRORS AND OMISSIONS POLICY WORDINGS

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ERRORS AND OMISSIONS POLICY WORDINGS

1. Insuring Clause

The Company shall pay on behalf of the Insured Loss arising solely out of Professional Services resulting from any Claim first made against such Insured during the Policy Period or, if exercised, during the Extended Reporting Period, but only if such Claim is reported to the Company in writing and in the manner and within the time provided in section 5 of this policy.

2. Extended Reporting Period

If this policy is terminated or not renewed for any reason other than termination by the Company for non-payment of premium, the Insured shall have the right, upon payment of the additional premium set forth in Item 7(a) of the Schedule, to an extension of the coverage granted by this policy for the period set forth in Item 7(b) of the Schedule following the effective date of termination or non-renewal, but only to the extent that such Claims are for Wrongful Acts occurring prior to the effective date of termination or non-renewal. This right of extension shall lapse unless written notice of such election, together with payment of the additional premium due, is received by the Company within thirty (30) days following 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. If the Extended Reporting Period is purchased, the entire premium noted in Item 7(a) of the Schedule shall be deemed fully earned at the inception of such Extended Reporting Period.

The offer of renewal terms and conditions or premiums different from those in effect prior to renewal shall not constitute a refusal to renew

3. Exclusions

The Company shall not be liable for Loss on account of any Claim:

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| <p>3.1.1 based upon, arising from, or in consequence of any circumstance if notice of such circumstance has been given under any policy of which this policy is a renewal or replacement or which it may succeed in time;</p> <p>3.1.2 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 8 of the Schedule or the same or substantially the same fact or circumstance underlying or alleged therein;</p> <p>3.1.3 based upon, arising from, or in consequence of any express or implied, written or verbal, guarantee or warranty made in connection with Professional Services;</p> <p>3.1.4 for bodily injury, sickness, disease or death of any person, or damage to or destruction of any tangible property,</p> | <p>including loss of use thereof, whether or not it is damaged or destroyed;</p> <p>3.1.5 for any liability of others assumed by the Insured under any contract, including without limitation any contract formed electronically, except to the extent that such liability would have attached to the Insured even in the absence of such contract;</p> <p>3.1.6 based upon, arising from, or in consequence of defamation, invasion of privacy, assertion or infringement of copyright, patent, service mark, trade name, design right or trade mark, whether registrable or not, or misappropriation of ideas or trade secrets or know how or any assertion or infringement of any intellectual property right;</p> <p>3.1.7 based upon, arising from, or in consequence of the actual or alleged violation of any law anywhere in the world pertaining to discrimination of Employees;</p> <p>3.1.8 based upon, arising from, or in consequence of Pollution;</p> <p>3.1.9 based upon, arising from, or in consequence of an Antitrust Claim</p> <p>3.1.10 based upon, arising from, or in consequence of a Financial Impairment;</p> <p>3.1.11 for an actual or alleged violation of the responsibilities, obligations or duties imposed by the USA 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, 1961, the Indian Factories Act, 1961, all as amended, or similar provisions of any 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 the Insured Organisation;</p> <p>3.1.12 brought or maintained by or on behalf of any Insured;</p> <p>3.1.13 based upon, arising from or in consequence of the performance or failure to perform Professional Services for:</p> <p style="margin-left: 20px;">a. any Insured;</p> <p style="margin-left: 20px;">b. any entity which is under common ownership or control with any Insured Organisation;</p> <p style="margin-left: 20px;">c. any natural person or entity who or which, directly or indirectly, owns or controls any entity included within the definition of Insured; or</p> <p style="margin-left: 20px;">d. any entity of which any Insured is a director, officer or partner;</p> <p>3.1.14 based upon, arising from or in consequence of an actual or alleged</p> |
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	violation of the USA Securities Act of 1933, the USA Securities Exchange Act of 1934, any rules or regulations of the USA Securities and Exchange Commission promulgated thereunder, any other statute relating to securities, or any rules or regulations promulgated thereunder, in the United States of America, India or anywhere else in the world; all as amended;	3.6 Any liability, duty or obligation incurred or assumed by the Insured which is not incurred or assumed in the normal conduct of the Profession.
3.1.15	based upon, arising from or in consequence of any deliberate conflict of interest, dishonest, deliberately fraudulent or deliberately criminal act or omission or any willful violation or breach of any law or regulation by such Insured, if any judgment, determination or other final adjudication establishes such a deliberate conflict of interest, dishonest, deliberately fraudulent or deliberately criminal act or omission or willful violation or breach; or	3.7 Bodily injury, mental anguish or emotional distress, sickness, disease or death or damage to or destruction of any property, including loss of use thereof not arising in the course of the Profession.
3.1.16	based upon arising from or in consequence of any Insured having gained in fact any profit, remuneration or advantage to which such Insured was not legally entitled.	3.8 The sale, supply, manufacture, installation, recall, repair, alteration, fabrication, or removal of any goods or products.
3.2	The Company shall not be liable for Loss other than Defence Costs resulting from any Claim based upon, arising from or in consequence of any Claim (or portion of a Claim) for non-monetary relief or for enforcement of any order for, grant of or agreement to provide non-monetary relief.	3.9 Any actual or alleged unfair competition or any actual or alleged passing off or infringement of patent, copyright, design, trademark, service mark, trade name or slogan.
3.3	With respect to the exclusions in this policy, in order to determine if coverage is available:	3.10 Any claim by or against or in connection with any person or organisation which is directly or indirectly owned, controlled, operated or managed by an Insured; which owns, controls, operates or manages an Insured, or as to which any Insured is a partner, consultant or employee, unless such claim is instigated and continued totally independently of, and totally without the solicitation, assistance, active participation or intervention of any Insured.
	i) no fact pertaining to or knowledge possessed by any Insured Person shall be imputed to any other Insured Person; and	3.11 Any liability arising solely out of any Insured's status as, or activities in the capacity of, an officer, director, partner, holder of a similar elective or appointive management position, or stockholder of any partnership, joint venture or other organization (including any employee trust, charitable organization or business); provided, however, that this exclusion shall not apply to any liability (including vicarious liability) of an Insured which, as a result of conducting the Profession, would attach irrespective of such status or capacity.
	ii) only facts pertaining to and knowledge possessed by any past, present or future president, chief executive officer, chief financial officer, in-house general counsel, risk manager, managing director, chairperson, or equivalent position in any jurisdiction, of an Insured Organisation shall be imputed to such Insured Organisation.	3.12 Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or any nuclear component thereof; any nuclear reactor, nuclear power station or plant, premises or facilities whatsoever related to or concerned with the production of nuclear energy or the production or storage or handling of nuclear fuel or nuclear waste; or any other premises or facilities eligible for insurance by any local nuclear pool and/or association.
3.4	Any legal liability incurred pursuant to or under any form of legal (including arbitration) or regulatory proceedings brought in the United States of America or Canada or outside of the United States of America or Canada by a country applying the law of the United States of America or Canada, or to seek enforcement or upholding of a judgment, award or order made in the United States of America or Canada or pursuant to the law of the United States of America or Canada, unless specifically covered.	3.13 Arising out of an Insured's activities in the capacity of an elected public official or as an employee of a governmental body, subdivision or agency thereof, unless the Insured is deemed an employee solely by virtue of the rendering of services in the course of the Profession to such governmental body, subdivision or agency thereof, and the remuneration for such services inures to the account of the Insured named in the Schedule.
3.5	War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.	3.14 Any agreed assumption of liability save to the extent that such liability would have existed but for such agreement, except for Doctors.
		3.15 Any warranty, guarantee or estimate with respect to fees, costs, expenses, quantities, duration, or date of completion, or the non-payment of fees, costs or expenses.
		3.16 Any loss of or damage to property in the Insured's care, custody or control, or

damage to, or mislaying or loss of any document (of any nature whatsoever) whether written, printed or reproduced by any other method, or any computer-based or electronically stored information or material entrusted to or in the care, custody or control of the Insured.

- 3.17 Any Claim by one Insured against another Insured.
- 3.18 Any Claim regarding the failure or omission to effect and/or maintain insurance.
- 3.19 Any Claim regarding the insolvency or bankruptcy of any Insured.
- 3.20 Any Claim for any actual or alleged libel, slander or other defamatory or disparaging material or any actual or alleged publication of material that violates an individual's right of privacy.
- 3.21 Any Claim arising out of asbestiform talc, asbestos, diethylstilbestrol (DES), dioxin, urea formaldehyde, or acquired immune deficiency syndrome (AIDS).
- 3.22 Loss arising out of professional services rendered by the Insured for the Insured's spouse or any other member of the Insured's immediate family.

4. Limit of Liability and Deductible

The Company's maximum liability for Loss on account of each Claim shall be the Limit of Liability for each Loss set forth in Item 3(a) of the Schedule. The Company's maximum liability for Loss on account of all Claims first made during the Policy Period shall be the 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 applicable Limits of Liability.

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

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 5, Reporting and Notice, 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 part of and not in addition to the Company's maximum limit of liability for all Loss on account of a Claim first made during the immediately preceding Policy Period.

5. Reporting and Notice

The Insured shall, as a condition precedent to exercising any rights under this policy, give to the Company written notice of any Claim as soon as practicable but no later than the earliest of the following dates:

- (a) sixty (60) days after the date on which the Insured's chief executive officer, chief financial officer, in-house general counsel, partner, president, managing director, chairperson or equivalent position in any jurisdiction, first becomes aware that the Claim has been made;
- (b) if this policy expires (or is otherwise terminated) without being renewed and if no Extended Reporting

Period is granted, sixty (60) days after the effective date of such expiration or termination; or

- (c) the expiration date of the Extended Reporting Period, if granted;

provided that if the Company sends written notice to the Insured Organisation, at any time before the date set forth in item (a) above with respect to any Claim, stating that this policy is being terminated for non-payment of premium, the Insured shall give the Company written notice of such Claim prior to the effective date of such termination.

If during the Policy Period the Insured:

- i) becomes aware of circumstances which could give rise to a Claim and gives written notice of such circumstances to the Company;
- ii) receives a written request to waive a statute of limitation 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) or from the Wrongful Acts referred to in ii) above shall be deemed to have first been made during the Policy Period in which the written notice described in i) or ii) above was first given by the Insured to the Company as set forth in this section. 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.

In order to make a Claim or to provide notice of circumstances the Insured shall, as condition precedent to exercising any right under this policy, provide written notice of a Claim or circumstances to the Company. This written notice shall include:

- 1. a description of the Claim or circumstances;
- 2. the nature of the alleged Wrongful Acts;
- 3. the nature of the alleged or potential damage;
- 4. the names of actual or potential claimants;
- 5. the names of all actual or potential defendants; and the manner in which such Insured first became aware of the Claim or circumstances.

In addition to and in support of the written notice of Claim or circumstances, the Insured shall, provide to the Company any and all documents relevant to such Claim or circumstances, including but not limited to internal or external records of any kind, correspondence, legal documents or other documents as the Company may deem necessary for the handling of the Claim. The Insured shall further extend to the Company such co-operation as the Company may reasonably require in the handling of the Claim.

Such complete written notice and supporting documentation shall form the basis of the Company's assessment of the Claim.

6. Defence and Settlement

The Company shall have the right but not the duty to defend any Claim covered by this policy. Coverage shall apply even if any of the allegations are groundless, false or fraudulent.

Each Insured agrees to provide the Company with all information, assistance and co-operation which the Company reasonably requires, including, without limitation, for the purposes of any investigation the Company makes, in its absolute discretion.

Each Insured agrees that in the event of a Claim such Insured will do nothing that may prejudice the Company's position or its potential or actual rights of recovery.

Each Insured agrees not to settle any Claim or covey any offer of settlement to any claimant with regard to 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 not be liable for any Defence Costs, any other element of Loss incurred, any obligation assumed, or any admission made by any Insured without the Company's prior written 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, each Insured regarding the investigation, defence and settlement of such Claim, including negotiating any settlement. The Company may make any investigation it deems necessary and may, with the consent of the Insured, make any settlement of any Claim it deems expedient. If such Insured withholds consent to such settlement, the Company's liability for all Loss on account of such Claim shall not exceed the amount for which the Company could have settled such Claim plus costs, charges and expenses accrued as of the date such settlement was proposed in writing by the Company to such Insured.

Any advancement of Defence Costs under this policy shall be repaid to the Company by the Insured, severally according to their respective interests, if and to the extent it is determined that such Defence Costs are not insured under this policy.

With respect to any consents required under this section, (a) provided the Insured complies with the obligations set forth in this section, the Company shall not unreasonably withhold its consent; and (b) the Insured shall not unreasonably withhold such consent.

7. Other Insurance

If Loss is insured under any other policy, prior or current, 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 the limit of liability of 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.

8. Changes in Exposure Acquisition or Creation of Another Organisation

- 8.1 If an Insured Organisation (i) 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 (ii) acquires any organisation by merger into or consolidation with an Insured Organisation such that the Insured Organisation is the surviving entity, then such other organisation and the Insured Persons in relation to it shall be Insureds under this policy, but only with respect to 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 appropriate information, to provide coverage by endorsement for Wrongful Acts occurring prior to such acquisition or creation.

The Insured 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 creation or acquisition, together with such information as the Company may require, and shall pay any reasonable additional premium required by the Company. If the Insured 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, coverage for such acquired organisation or new Subsidiary and the Insured Persons in relation thereto shall terminate with respect to Claims first made more than sixty (60) days after such acquisition or creation. Coverage for any such acquired organisation or new Subsidiary and the Insured Persons in relation thereto shall be subject to such additional or different limitations, conditions, provisions or other terms as the Company, in its sole discretion, may require.

8.2 Changes In Exposure Acquisition, Material Change or Financial Impairment of Insured Organisation

If (i) the Insured Organisation merges into or consolidates with another organisation and the Insured Organisation is not the surviving entity; (ii) another organisation or person or group of organisations or persons in concert acquire securities or voting rights which result in ownership or voting control by the other organisation(s) or person(s) of more than 50% of the outstanding securities representing the present right to vote for election of directors of the Insured Organisation; (iii) the nature of the primary business of an Insured Organisation changes materially from that as at inception of this Policy Period; or (iv) upon the Financial Impairment of the Insured Organisation, coverage under this policy shall continue until termination of this policy, but only with respect to Claims for Wrongful Acts occurring prior to such merger, consolidation, acquisition, change or Financial Impairment. The Insured Organisation shall give written notice of such merger, consolidation, acquisition, change or Financial Impairment as soon as practicable, but no later than sixty (60) days after the date of such merger, consolidation, acquisition, change or Financial Impairment, together with such information as the Company may require. Upon the occurrence of any event specified in (i), (ii), (iii) or (iv) above, the entire premium for this policy shall be deemed fully earned.

8.3 Changes In Exposure Cessation of Subsidiaries

In the event an organisation ceases to be a Subsidiary before or after the inception date of this policy, coverage with respect to such Subsidiary and the Insured Persons in relation thereto shall continue until termination of this policy or any renewal thereof but only with respect to Claims for Wrongful Acts occurring prior to the date such organisation ceased to be a Subsidiary.

9. Representations and Severability

In issuing this policy the Company has relied upon the statements, representations and information in the Proposal. 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 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.

For the purposes of the preceding paragraph:

- (a) the knowledge of any past, present or future president, chief executive officer, chief financial officer, in-house general counsel, managing director, chairperson, or equivalent position in any jurisdiction, of the Insured Organisation shall be imputed to the Insured Organisation to determine if coverage is available; and
- (b) except as provided for in (a) above, no statement, representation or information provided in the Proposal or knowledge possessed by any Insured Person shall be imputed to any other Insured Person for the purpose of determining if coverage is available.

10. Territory and Governing Law

Coverage shall extend anywhere in the world.

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with and governed by the laws of the Republic of India.

11. Conformity

The provisions of this policy shall be read subject to the provision of any law governing the construction of this policy. If any of the provisions of this policy are inconsistent with any law governing its construction then the provisions of this policy shall be deemed to be amended so as to comply with such law.

12 Subrogation

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 such 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.

13. Action Against the Company

No action shall lie against the Company unless, as a condition precedent thereto, there shall have been full compliance with all of the terms of this policy. The Insured shall have no right under this policy to join the Company as a party to any action against the Insured to determine such Insured's liability nor shall the Company be impleaded by such Insured or legal representatives of such Insured.

14. Estates, Legal Representatives and Spousal Liability Extension

Coverage shall extend to Claims for the Wrongful Acts of any Insured Person made against:

- a) the estates, heirs, legal representatives or assigns of any Insured Person who is deceased or

against the legal representatives or assigns of any Insured Person who is incompetent, insolvent or bankrupt; and

- b) the lawful spouse of such Insured Person solely by reason of such person'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 limitations, conditions, provisions, and other terms of coverage (including 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 shall not apply with respect to any loss arising from any act or omission by such Insured Person's estate, heirs, legal representatives, assigns or spouse.

15. Bankruptcy

Bankruptcy, winding-up, receivership or insolvency of an Insured or of the estate of such Insured shall not relieve the Company of its obligations or deprive the Company of its rights under this policy.

16. Authorisation Clause

By acceptance of this policy, the Insured Organisation agrees to act on behalf of each Insured with respect to the giving and receiving of notice of Claim or termination, the payment of premiums and the receiving of any 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 (except the giving of notice to apply for the Extended Reporting Period), and each Insured agrees that the Insured Organisation shall act on their behalf.

17. Alteration and Assignment

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 an authorised employee of the Company.

18. Termination of Policy

- (a) This Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days written notice and in such event the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.
- (b) This Policy may be cancelled by the Insured at any time by giving at least 7 days written notice to the Company. The Company will refund premium according to the Company's Short Period Rates set out below:

Table of Short Period Rates	
Period of Risk (Not exceeding)	Premium to be retained by the Company (% of the Annual Rate)
1 Week	10%
1 Month	25%
2 Months	35%
3 Months	50%
4 Months	60%
6 Months	75%
8 Months	85%
Exceeding 8 Months	Full Annual Premium

No refund of premium shall be due if the Insured has made a Claim under this Policy.

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

19. Termination of Prior Policy

The inception of this policy shall terminate, if not already terminated, any policies specified in Item 9 of the Schedule.

20. Definitions

When used in bold type in this policy:

- 20.1 Antitrust Claim means any actual or alleged violation of the Competition Act 2002, India, and amendments thereto, or any other law, anywhere in the world, involving anti-trust, monopoly, price fixing, price discrimination, predatory pricing, restraint of trade, or which otherwise protects competition.
- 20.2 Claim means:
- (i) a written demand for monetary damages or non-monetary relief;
 - (ii) a civil proceeding commenced by the service of a complaint, summons, statement of claim or similar pleading;
 - (iii) a formal administrative or formal regulatory proceeding commenced by the filing of a notice of charges, formal investigative order or similar document; or
 - (iv) an arbitration proceeding against an Insured for a Wrongful Act, including any appeal therefrom.
- 20.3 Defence Costs means that part of Loss consisting of reasonable costs, charges, fees (including but not limited to attorneys' fees after court taxation, if applicable, and experts' fees) and expenses (other than regular or overtime wages, salaries or fees of a partner, a director, officer, trustee or employee of an Insured Organisation) incurred in defending any Claim and the court fee or amount adjudicated for appeal, attachment, or similar surety or security.
- 20.4 Employee means any natural person in the regular service of the Insured Organisation (whether full-time, part-time, permanent or temporary) pursuant to a written contract of service between such person and the Insured Organisation whom the Insured Organisation compensates by salary or wages and has the right to control and direct both as to the result to be accomplished and the details and means by which such result is accomplished in the performance of such service. Employee shall not include any independent contractor or any employee, agent or other representative thereof.
- 20.5 Financial Impairment means the status of any Insured Organisation resulting from (i) the appointment by any state or central tribunal, agency or court, or by a creditor, of any receiver and manager, including but not limited to a receiver appointed by the court under Order 40, Rule (1) of the Indian Code of Civil Procedure 1908, as amended, judicial manager, administrator, conservator, liquidator, including but not limited to any liquidator appointed under Sections 449 and 450 of the Indian Companies Act, 1956, as amended, trustee, rehabilitator or similar official or a holder of a similar position to take control of, supervise, administer, manage or liquidate the Insured Organisation; (ii) the Insured Organisation becoming a debtor in possession under the United States bankruptcy law or taking any corporate action or commencing legal proceedings for its winding-up, dissolution, administration or corporate restructuring or an event occurs which has an analogous effect under the laws of any other country; (iii) a referral being made to the Board of Industrial and Financial Reconstruction under the provisions of the Indian Sick Industrial Companies (Special Provisions) Act, 1985, as amended or (iv) the Insured Organisation being unable to pay its debts as they fall due, commencing negotiations with any one or more of its creditors with a view to the general readjustment or rescheduling of its indebtedness or making a general assignment for the benefit of or a composition with its creditors.
- 20.6 Insured means the Insured Organisation and/or any Insured Person.
- 20.7 Insured Organisation means the entity designated in Item 1 of the Schedule and any Subsidiary.
- 20.8 Insured Person means any natural person who has been, now is or shall become a partner, director, officer, or equivalent position in any jurisdiction, or Employee of an Insured Organisation but only while such person was, is or shall be acting solely in the performance of Professional Services, as stated in Item 10 of the Schedule, and on behalf of the Insured Organisation.
- 20.9 Loss means Defence Costs and the total amount covered under this policy which the Insured becomes legally obligated to pay on account of any covered Claim including, but not limited to: (a) awards of damages; (b) judgments; (c) sums payable due to any settlements agreed to by the Company in accordance with section 7; and (d) awards of claimant's costs. Loss does not include (i) any amount not indemnified by an Insured Organisation for which any Insured Person is absolved from payment by reason of any covenant, agreement or court order; (ii) fines or penalties imposed by law; (iii) punitive, aggravated or exemplary damages; (iv) the multiple portion of any multiplied damage award; (v) any amount which constitutes restitution, reduction, disgorgement or set off or return of fees, other consideration or expenses paid to or charged by the Insured for Professional Services, (vi) the cost of correcting, completing or re-performing any Professional Services; (vii) liquidated damages or (ix) matters uninsurable under Indian law.
- 20.10 Policy Period means the period of time specified in Item 5 of the Schedule, subject to prior termination in accordance with section 19 of this policy. If the Extended Reporting Period is exercised, it shall be part of the Policy Period and not an additional Policy Period.
- 20.11 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, an environmental protection agency (including but not limited to the United States Environmental Protection Agency) or a country, state, territory, county, municipality, locality or counterpart thereof. Such substances shall include, without limitation, solids, liquids, gaseous or thermal irritants, contaminants, smoke, vapour, soot, fumes, acids, alkalis, chemicals or waste materials. Pollutants shall also mean any other air emission, odour, waste water, oil, oil products, infectious or medical waste, asbestos or asbestos products and any noise.
- 20.12 Pollution means (i) the actual, alleged or threatened exposure to, or generation, storage, transportation, discharge, emission, release, escape, seepage, migration, dispersal, treatment, removal or disposal of Pollutants; or (ii) any regulation, order, direction

or request to test for, monitor, clean up, remove, contain, treat, detoxify or neutralise Pollutants, or any action taken in contemplation or anticipation of such regulation, order, direction or request or any voluntary decision to do so; including but not limited to any Claim for financial loss to the Insured Organisation, holders of its securities or its creditors based upon, arising from, or in consequence of the matters described in (i) or (ii) of this definition.

- 20.13 Professional Services means only those services designated in Item 10 of the Schedule which are performed or required to be performed by the Insured for others for a fee, including such services that are performed electronically utilising the internet or a network or two or more computers.
- 20.14 Proposal means all signed proposal forms, including attachments and materials incorporated therein, submitted by the Insureds 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.
- 20.15 Related Claims means all Claims for Wrongful Acts based upon, arising from, or in consequence of the same or related facts or circumstances or the same or related series of facts or circumstances.
- 20.16 Subsidiary means any organisation in which more than 50% of the outstanding securities or voting rights representing the present right to vote for the election of directors in such organisation is owned or controlled, directly or indirectly, in any combination, by any Insured Organisation.
- 20.17 Wrongful Act means any error, misstatement, misleading statement, act, omission, neglect, or breach of duty committed, attempted or allegedly committed or attempted, by an Insured Organisation or an Insured Person, individually or otherwise, on behalf of the Insured Organisation, solely in the performance of Professional Services as stated in Item 10 of the Schedule.

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

21. Valuation and Foreign Currency

All premiums, limits, retentions, Loss and other amounts under this policy are expressed and payable in Indian currency. If judgment is rendered, settlement is denominated or another 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 mid rate of exchange of the Reserve Bank of India published on the date the final judgment is entered, the amount of the settlement is agreed upon or the other element of Loss is due, respectively.

22. Grievance Redressal and Arbitration

Any Insured who has a grievance against the Company arising under, out of, in connection with or in relation to this policy, or to its existence, validity or termination, or to the determination of any amounts payable under this policy, may, personally or through their legal heirs, make a complaint in writing to the Indian Insurance Ombudsman in accordance with the procedure contained in The Redressal of Public Grievance Rules, 1998, as amended. Provided that, in accordance with Rule 16(2) of the Ombudsman Rules, any compensation awarded by the Ombudsman will be limited to the lower of the amount necessary to cover the loss suffered by the Insured as a direct consequence of the insured peril or Rupees Twenty Lakhs only (Rs. 20 lakhs), inclusive of any ex-gratia and other expenses. At the prior written request of the Insured, the Company shall make available a copy of said Rules to such Insured.

Subject to the foregoing, any and all disputes or differences which may arise under, out of, in connection with or in relation of this policy, or to its existence, validity or termination, or to the determination of any amounts payable under this policy, shall be referred for resolution by binding arbitration at Mumbai, in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996, as amended. Provided, however, that no such dispute or difference shall be referred to arbitration, if the same is already the subject matter of a complaint pending before the Insurance Ombudsman. Should the dispute or difference which is the subject matter of complaint before the Insurance Ombudsman not be resolved in that forum, then such dispute or difference will be referred to binding arbitration, in accordance with the Indian Arbitration and Conciliation Act, 1996, as amended.

Arbitration shall be conducted as follows:

- (i) All proceedings in any arbitration shall be conducted in English and a daily transcript in English of such proceedings shall be prepared.
- (ii) Within thirty (30) days after either the Company or the Insured issues notice under this Section 22, the parties shall each appoint one arbitrator. The two arbitrators shall appoint a third arbitrator, who shall serve as the presiding arbitrator. All three arbitrators shall be required to have at least five (5) years' experience in general insurance, either as lawyers or as underwriters.
- (iv) The arbitrators shall have the power to give injunctive relief and such other relief to the extent appropriate.
- (v) The arbitrators shall have the power to award interest up to the date of payment of any monies due under the award. The arbitrators shall have no authority to award punitive, aggravated or exemplary damages.
- (vi) The parties shall each bear their own costs associated with the arbitration and shall share equally in the costs of the arbitration proceedings and presiding arbitrator.
- (vii) When any dispute is under arbitration, except for the matters under dispute the parties shall continue to exercise their remaining respective rights and fulfill their remaining respective obligations under this policy.

The arbitration award shall be final and binding on the parties. Judgment upon the award rendered may be entered in any court having jurisdiction, or application may be made to such court for a judicial recognition of the award or an order of enforcement thereof, as the case may be.

23. Fraud or Misrepresentation

- (A) Any person who, knowingly and with intent to defraud the Company or other person, files a proposal for insurance containing any false information concerning any fact material thereto, commits a fraudulent insurance act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.
- (B) If a Claim is in any respect fraudulent, or if any fraudulent or false plan, specification, estimate, deed, book, account entry, voucher, invoice or other document, proof or explanation is produced, or any fraudulent means or devices are used by the Insured Person, Insured Organisation, policyholder, beneficiary, claimant or by anyone acting on their behalf to obtain any benefit under this policy, or if any false statutory declaration is made or used in support thereof, or if loss is occasioned by or through

the procurement or with the knowledge or connivance of the Insured Person, Insured Organisation, policyholder, beneficiary, claimant or such other person acting on their behalf , then all benefits under this policy are forfeited.

- (C) This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description or non-disclosure of any material particular by the Insured.

24. Policy Construction.

The title and any headings or sub headings in this policy are solely for convenience and form no part of the terms and conditions of coverage. The Schedule hereto is part of and shall form an integral part of this policy.

Dear Customer,

At **Future Generali** we are committed to provide **"Exceptional Customer-Experience"** that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

A "Grievance/Complaint" is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Future Generali or its intermediary or asks for remedial action.

If you have a complaint or grievance you may reach us through the following avenues:


	Help - Lines	1800-220-233 / 1860-500-3333 / 022-67837800		Email	Fgcare@futuregenerali.in
				Website	www.futuregenerali.in
	GRO at each Branch	Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO) .			

What can I expect after logging a Grievance?

- We will acknowledge receipt of your concern within 3 - business days.
- Within 2 - weeks of receiving your grievance, we shall revert to you the final resolution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of receipt of response.

What do I do, if I am unhappy with the Resolution?

- You can write directly to our **Customer Service Cell at our Head office::**

	Customer Service Cell	Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013
		Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.

How do I Escalate?

While we constantly endeavor to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the **IRDA (Insurance Regulatory and Development Authority)**.

- **CALL CENTER: TOLL FREE NUMBER (155255).**
- **REGISTER YOUR COMPLAINT ONLINE AT: [HTTP://WWW.IGMS.IRDA.GOV.IN/](http://www.igms.irda.gov.in/)**

Insurance Ombudsman:

If you are still not satisfied with the resolution to the complaint as provided by our **GRO**, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction. You may reach the nearest insurance ombudsman office. The list of Insurance Ombudsmen offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079-27545441/27546139 Fax: 079-27546142 E-mail: bimalokpal.ahmedabad@gbic.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Mangal Bldg., 2nd Floor, Behind Canara Mutual Bldgs., No.4, Residency Road, Bengaluru – 560 025. Tel.: 080 - 22222049 E-mail: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201/9202 Fax: 0755-2769203 E-mail: bimalokpal.bhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596455/2596003 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706468/2705861 Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018 Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: bimalokpal.chennai@gbic.co.in	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, GUWAHATI - 781 001 Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 Tel: 040-65504123/23312122 Fax: 040-23376599 E-mail: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry
JAIPUR	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 E-mail: bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pullinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@gbic.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman 4th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, KOLKATA - 700 072 Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim and UT of Andaman & Nicobar Islands

LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928/26106552 Fax: 022-26106052 E-mail: bimalokpal.mumbai@gbic.co.in	Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai & Thane
Noida	Insurance Ombudsman Office of the Insurance Ombudsman	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj, Mainpuri, Mathura , Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
Patna	Insurance Ombudsman Office of the Insurance Ombudsman	Bihar and Jharkhand
Pune	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-32341320 E-mail: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDA website: www.irda.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website www.futuregenerali.in or from any of our offices.

[illegible]

TEL NO. _____ MOBILE NO. _____

Customer's Signature

Date _____

You may submit the form to the Nearest Branch Office or mail it to our Customer Service Cell at:

Customer Service Cell

Future Generali India Insurance Company Ltd.

Corporate & Registered Office: - 6th Floor, Tower 3, Indiabulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013

Care Lines: 1800-220-233 / 1860-500-3333 / 022-6783 7800 Email: fgcare@futuregenerali.in Website: www.futuregenerali.in

Office Use Only:

Service / Case #

Comments: