

Customer Information Sheet

Commercial General Liability Insurance

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	Commercial General Liability Insurance	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0001V01200607	NA
3	Structure	State basis of Sum / Limit Insured · Indemnity Basis	NA
4	Interests Insured	Sole Proprietorships, Partnerships, Joint Ventures or Unincorporated Organisations, Other Organisations, Employees, Subsidiary Or Newly Acquired Or Formed Organisations	Who is an Insured
5	Sum Insured	<<as per policy schedule>>	Policy schedule
6	Policy Coverage	<p>cover offers the option of protection for bodily injury, property damage, advertising injury and personal injury to a third party for which a company is found to be legally liable.</p> <p>The policy can provide a separate advertising/personal injury to a third aggregate limit that is not subject to a general aggregate limit CGL addresses a wide range of liability loss exposures, falling into two categories:</p> <ul style="list-style-type: none"> • Premises and Operations Liability: Liability for conditions or activities arising out of the premises or operations of a company. • Products and Completed Operations Liability: Liability of a company to a user who is harmed by products manufactured, sold or distributed by the company. <p>This policy also pays for investigation, defence, settlements and supplementary expenses.</p>	Policy wordings
7	Add-on Cover	<<as per policy schedule>>	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule
9	Exclusions	<ul style="list-style-type: none"> • Aircraft, Motor Vehicles Or Watercraft • Aircraft Products • Asbestos • Biological Agents • Contracts • Damage to Alienated Premises • Damage to Owned Property • Damage to Your Product 	

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		<ul style="list-style-type: none"> • Damage To Various Property Of Others (Care, Control Or Custody) • Employer's Liability • Employment-Related Practices • Enhancement, Maintenance or Prevention Expenses • Expected or Intended Bodily Injury or Property Damage • Intellectual Property Laws or Rights • Mobile Equipment Transportation • Multiplied or Punitive Damages, or Penalties • Nuclear Energy • Pollution • Professional Liability • Progressions of Known Bodily Injury or Property Damage • Recall of Products • Terrorism • Tobacco • Unapproved Goods or Products • War • Workers' Compensation or Similar Laws 	Exclusions												
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy Schedule												
11.	Admissibility of Claim	<ul style="list-style-type: none"> • Mention the broad principle of admissibility / denial of claims [Example: Reporting of loss occurrence; Duty of care & loss minimization; Exclusion of Willful Negligence] 1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately 2. No admission, offer, promise or payment of liability without Insurer consent. 3. Provide documents in support of your claims 4. Provide all such information and assistance to company which is required. 5. Company has right to defend the claim for Insured. • Include a sample claim calculation process for retail products <p>Claim shall be paid as per following calculation:-</p> <table border="1" data-bbox="318 1098 891 1294"> <thead> <tr> <th data-bbox="318 1098 792 1134">Head</th> <th data-bbox="792 1098 891 1134">Example</th> </tr> </thead> <tbody> <tr> <td data-bbox="318 1134 792 1166">liability as covered under the policy (a)</td> <td data-bbox="792 1134 891 1166">100000</td> </tr> <tr> <td data-bbox="318 1166 792 1198">Defense cost (b) (wherever applicable)</td> <td data-bbox="792 1166 891 1198">20000</td> </tr> <tr> <td data-bbox="318 1198 792 1230">total loss amount (c = a+b)</td> <td data-bbox="792 1198 891 1230">120000</td> </tr> <tr> <td data-bbox="318 1230 792 1262">Deductible (d)</td> <td data-bbox="792 1230 891 1262">10000</td> </tr> <tr> <td data-bbox="318 1262 792 1294">Net Payable amount (c-d)</td> <td data-bbox="792 1262 891 1294">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"> • Toll free / IVRS number of the Insurer: 120 6234 6234 / 022-6234 6234 • Website: www.hdfcergo.com Email : care@hdfcergo.com • Details of designated company officials to be contacted in time of claim Liability Claims Manager – email ID - care@hdfcergo.com • Turn Around Time (TAT) for claims settlement <ol style="list-style-type: none"> 1. Registration of claim – T +1 days 2. List of requirements – 7 days from registration 3. Claim settlement / Denial = T+30 days (T = date of receipt of last documents • Email to – liabilityclaims@hdfcergo.com 	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>1. Our Grievance Redressal Officer</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"> • Call Centre – 120 6234 6234 / 022-6234 6234 • Emails – grievance@hdfcergo.com • Contact Details for Senior Citizens : 022 6242 6226 • Email ID : seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch. • Company Website – www.hdfcergo.com • Courier – Any of our Branch office or corporate office <p>You may also approach the Complaint & Grievance (C&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;">The Complaint & 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</p> <p>In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p> <p style="text-align: center;">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</p>	Grievance Redressal Procedure

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		<p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in</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"> • Insurance claim that has been rejected or dispute of a claim on legal construction of the policy • Delay in settlement of claim • Dispute with regard to premium • Non-receipt of your insurance document <p>You may also refer Our website www.hdfcergo.com https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.</p>	
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> • To disclose all information correctly sought by the insurer at time of filling the proposal form • In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately • Non-disclosure of material information may affect the claim settlement. <p>Disclosure of other material information during the policy period.</p>	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.