

## Customer Information Sheet

### Public Offering of Securities Insurance

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Product Name	<b>Public Offering of Securities Insurance</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125CP0002V01202122	NA
3	Structure	State basis of Sum / Limit Insured Indemnity Basis	NA
4	Interests Insured	Any Corporate proposing an "Initial Public Offer" OR "Secondary Offer"	NA
5	Sum Insured	<<as per policy schedule>	Policy schedule
6	Policy Coverage	<p>Public Offering of Securities Insurance (POSI) policy protects a Company and its Directors against liabilities arising from offering the company's securities for sale and listing on a public stock exchange.</p> <p>The policy covers –</p> <ol style="list-style-type: none"> <li>1. Directors' and Officers' Liability Coverage</li> <li>2. Company Reimbursement Coverage</li> <li>3. Securities Claim Coverage</li> <li>4. Legal Representation Expenses (Formal Investigation)</li> <li>5. Public Relations Expenses</li> </ol> <p>The policy extends its coverage to cover –</p> <ul style="list-style-type: none"> <li>➤ Advancement of Defence Costs &amp; Legal Representation Expenses</li> <li>➤ Emergency Defence Costs</li> <li>➤ Spouses, Heirs &amp; Representatives</li> </ul>	Insuring Clauses
7	Add-on Cover	<<as per policy schedule>>	Policy schedule
8	Loss Participation	<<as per policy schedule>>	Policy schedule

9	Exclusions	<p>This policy will not pay for any loss arising out of, or in any way connected with:</p> <ul style="list-style-type: none"> <li>➤ Prior Notice</li> <li>➤ Pending or Prior</li> <li>➤ Consensual Claim</li> <li>➤ U.S.A Insured vs. Insured</li> <li>➤ Bodily Injury &amp; Property Damage</li> <li>➤ Professional Services</li> <li>➤ Dishonesty</li> <li>➤ ERISA</li> <li>➤ War and Civil War</li> <li>➤ Contractual Liability</li> <li>➤ &lt;&lt;Cyber events to be incorporated if product is opted with cyber exclusion&gt;&gt;</li> </ul>	General Exclusions												
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy schedule												
11.	Admissibility of Claim	<ul style="list-style-type: none"> <li>• Mention the broad principle of admissibility / denial of claims [Example: Reporting of loss occurrence; Duty of care &amp; loss minimization; Exclusion of Willful Negligence]</li> </ul> <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> <li>3. Provide documents in support of your claims</li> <li>4. Provide all such information and assistance to company which is required.</li> <li>5. Company has right to defend the claim against Insured.</li> </ol> <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="329 959 908 1190"> <thead> <tr> <th data-bbox="329 959 779 999">Head</th> <th data-bbox="779 959 908 999">Example</th> </tr> </thead> <tbody> <tr> <td data-bbox="329 999 779 1034">liability as covered under the policy (a)</td> <td data-bbox="779 999 908 1034">100000</td> </tr> <tr> <td data-bbox="329 1034 779 1070">Defense cost (b) (wherever applicable)</td> <td data-bbox="779 1034 908 1070">20000</td> </tr> <tr> <td data-bbox="329 1070 779 1107">total loss amount (c = a+b)</td> <td data-bbox="779 1070 908 1107">120000</td> </tr> <tr> <td data-bbox="329 1107 779 1144">Deductible (d)</td> <td data-bbox="779 1107 908 1144">10000</td> </tr> <tr> <td data-bbox="329 1144 779 1190">Net Payable amount (c-d)</td> <td data-bbox="779 1144 908 1190">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>• Toll free / IVRS number of the Insurer 120 6234 6234 / 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 Liability Claims Manager – email ID - care@hdfcergo.com</li> <li>• <b>Turn Around Time (TAT)</b> for claims settlement <ol style="list-style-type: none"> <li>1. Registration of claim – T +1 days</li> <li>2. List of requirement – 7 days from registration</li> <li>3. Claim settlement / Denial = T+30 days (T = date of receipt of last documents)</li> </ol> </li> <li>• Escalation Matrix when TAT is not satisfied 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>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>• Call Centre - 120 6234 6234 / 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 Ltd. 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>	Grievance Redressal Procedure

		<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>	
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> <p>Disclosure of other material information during the policy period.</p>	NA

Declaration by the Policyholder:

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.