

Customer Information Sheet

Venture Capital Asset Protection Policy

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	Venture Capital Asset Protection Policy	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125CP0006V01202021	NA
3	Structure	State basis of Sum / Limit Insured Indemnity Basis	NA
4	Interests Insured	All Corporate, Society, Partnership, Governments, International Organization, Co-operatives, Non Government Organizations, Trust, Manufacturing, Non Manufacturing, Co-operatives Partnerships, Governments & Private Companies	NA
5	Sum Insured	<<as per policy schedule>	Policy schedule
6	Policy Coverage	<p>The policy has been designed to offer venture capital and private equity firms an effective and comprehensive way to transfer and mitigate many of their most significant liabilities. This is a combine product offering cover for the following liability under one insurance contract:</p> <ul style="list-style-type: none"> ➤ D&O Liability ➤ Professional Services Liability ➤ Crime Insurance <p>Some key highlight / features of this product -</p> <p>1. D&O Coverage:</p> <ul style="list-style-type: none"> - Management Liability Coverage - Management Indemnification Coverage - Legal Representation Expenses <p>2. Professional Services Liability Coverage:</p> <ul style="list-style-type: none"> - Fund Reimbursement - Professional Liability – Private Equity Venture Investing - Legal Representation Expenses on account of Investigation. 	Insuring Agreement

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		3. Crime Coverage: <ul style="list-style-type: none"> - Employee Dishonesty - Client Coverage - Premises - In Transit - Forgery - Fund Transfer Fraud - Computer Fraud - Counterfeit Currency Fraud - Credit Card Fraud - Expense Coverage - Defence Costs 	
7	Add-on Cover	<<as per policy schedule>>	Policy schedule
8	Loss Participation	<<as per policy schedule>>	Policy schedule
9	Exclusions	<p>Below are the major exclusions pertaining to different sections.</p> <p>Under D&O Coverage</p> <ul style="list-style-type: none"> ➤ Professional Services ➤ Bodily Injury / Property Damage ➤ ODL Pollution ➤ Dishonesty ➤ Cessation of Insured Capacity ➤ ERISA ➤ ODL Pending or Prior <p>Under Professional Services Liability Coverage</p> <ul style="list-style-type: none"> ➤ Bodily Injury / Property Damage ➤ Pollution ➤ Insured Vs Insured ➤ Assumed Liability ➤ Counterpart Insolvency ➤ Dishonesty <p>Under Crime Coverage</p> <ul style="list-style-type: none"> ➤ War ➤ Loss of Income ➤ Damages ➤ Consequential Loss ➤ Cost of establishing Loss ➤ Insured advantage ➤ Data ➤ Non Executive Directors ➤ Confidential Information ➤ Legal Proceedings ➤ Exchange of Purchase ➤ Safe Deposit or Armoured Motor vehicle ➤ Authorised Representative 	Exclusions

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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 against Insured. <ul style="list-style-type: none"> Include a sample claim calculation process for retail products <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"> 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 <ul style="list-style-type: none"> 1. Registration of claim – T +1 days 2. List of requirement – 7 days from registration 3. Claim settlement / Denial = T+30 days (T = date of receipt of last documents) Escalation Matrix when TAT is not satisfied 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>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>	Grievance Redressal Procedure												

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<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>The Complaint & 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</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>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</p> <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>	

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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 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.