CUSTOMER INFORMATION SHEET

This document provides key information about your policy. For complete details, please refer to the policy document.

Sl. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	**Product Name** Employment Practices Liability Insurance	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0030V01200607	
3	**Structure** Indemnity Based Policy	
4	**Interests Insured** This Product offers indemnity to the Insured against liability arising out of Employment Practices Wrongful Acts and Third Party Wrongful Act.	
5	**Sum Insured / Scope** As per Policy Schedule.	Policy Schedule
6	**Policy Coverage** A. This policy will cover Loss arising from Claims first made against the Insureds for Employment Practices Wrongful Acts. B. This policy will cover Loss arising from Claims first made against the Insureds for Third Party Wrongful Act.	Part II of the schedule **INSURING AGREEMENTS**
7	**Add-On Cover** As per Endorsement in policy schedule And extensions as per policy wordings mentioned below: 1. Coverage extend to Wrongful Acts of an Insured Person, if claim is made against the estates, heirs, legal representatives or assigns of an Insured Person who is deceased, or legal representatives or assigns incompetent, insolvent or bankrupt 2. Policy covers claim made against lawful spouse, or spouse's ownership interest in property which a claimant seeks as recovery for alleged Wrongful Acts This coverage extension does not apply, any act of error, omission, misstatement, misleading statement, misrepresentation, misconduct, neglect or breach of duty by the Insured Person's	Endorsement

	spouse..	
8	**Loss Participation** As per Section Retention of the Policy Schedule.	Retention
9	**Exclusions** The insurer will not be liable for claim related with: 1. deliberately fraudulent or criminal act, established by final adjudication 2. bodily injury (other than emotional distress or mental anguish), sickness, disease or death of any person or damage to or destruction of any tangible property 3. circumstances alleged in any Claim reported in any policy of which this Policy is a renewal or replacement 4. attributable to any demand, suit or proceedings for any claim pending against the insured on or prior to the Prior to the inception date 5. Wrongful Act committed before the Retroactive Date 6. violation of any provision of the Employee Retirement Income Security Act of 1974 other than Section 510 thereof, the Fair Labor Standards Act other than the Equal Pay Act, the National Labor Relations Act, and such regulations as mentioned in the policy wordings 7. release of pollutants Detailed exclusions refer to exclusions mentioned under policy schedule Section Exclusions.	Part II Section- Exclusions
10.	**Special Condition\s and Warranties (if any)** As per Conditions of the Policy Schedule	Part II Section- CONDITIONS
11.	**Admissibility of Claim** Principle of admissibility of claims – All terms and conditions of the policy to be complied (such as Insuring clause and all conditions complied and no exclusion trigger) Principle of denial of claims – (Any exclusion trigger or conditions of the policy not complied with (including duty of care & loss minimization & exclusion w.r.t willful negligence) Below is the **sample claim calculation** for reference**:** Gross Loss Claimed: 6,29,38,711 Gross Loss Assessed: 3,53,99,452 Less Excess: 0 **Loss Adjusted: 3,53,99,452**	Part II

12.	**Policy Servicing - Claim Intimation and Processing** For policy servicing and claim intimation you can contact us via our: Toll-free no.: 1800 2666, Email ID: customersupport@icicilombard.com, Mobile App: IL TakeCare App, or WhatsApp: Send "Hi" to RIA @**7738282666** Website: ICICI Lombard Website **Reimbursement Claim Process:** Follow these steps for a smooth and hassle-free claim experience: **Intimate the Claim:** Notify us by submitting the claim form (download here) or by calling 1800 2666. Our claims associate will contact you and assign a surveyor. **Survey of Loss:** The surveyor will assess the loss and request any documents, which you can upload here. Our team will verify and submit the final report. **Verification and Processing:** Our claims department will verify the report and process your claim request. **Offer for Settlement:** If your claim is approved, we will send you a settlement offer for your consent. **Claim Payment:** Once we have your consent and complete the KYC check, we will transfer the payment directly to your bank account. **Explanation for Denial:** If your claim is not payable, we will personally explain the reasons to you in detail. **Claim Settlement Time:** We aim to settle your claim within 7 days of receiving your claim notification or the final survey report, whichever comes later. **Cancellation Clause:** **If You Decide to Cancel:** You can cancel your policy anytime with written notice. It will end as soon as we receive it. **If We Need to Cancel:** If fraud is detected, we may cancel your policy with at least 7 days' notice before the cancellation takes effect.	Conditions

	Refund of Premium upon Cancellation: ▪ For policies up to one year with no claims, we will refund the premium for the remaining period proportionally, based on your policy terms. ▪ For policies longer than one year, we will refund the premium for the remaining portion if coverage has not started. **Policy Renewal Date:** Refer to the **Period of Insurance** section of the policy schedule.	
13.	**Grievance Redressal and Policyholders Protection** We are committed to giving you fair treatment and clear, timely information about your coverage, so you can make informed decisions. We also ensure efficient service and uphold high standards throughout the sale and servicing of your policy. **Grievance Redressal:** If you have a concern, click here to understand our grievance redressal process or scan this QR code. If the issue persists, contact our Grievance Redressal Officer here. If the issue remains unresolved, you can approach the Insurance Ombudsman here or visit the Bima Bharosa Portal at bimabharosa.irdai.gov.in	Refer Grievance Clause
14.	**Obligations of the Policyholder** Here are a few important things to keep in mind: ▪ Ensure you provide accurate information when completing your proposal. ▪ Notify us right away of any changes, modifications, or additions to the declared information, as failure to disclose material details may impact your claim settlement.	Part II

Declaration by the Policyholder:

I have read and acknowledge the details provided above.

Place:

Date: Signature of the Policyholder

Note: *In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. You can click here to download policy documents.*