

**FIDELITY GUARANTEE INSURANCE
(Retail)**

**For any assistance please call 1800 266 4545, please save the number for your reference
FOR RENEWALS: Visit www.zurichkotak.com Call 1800 266 4545**

Part I – POLICY SCHEDULE

DETAILS OF POLICY HOLDER

Policy No:	Issued At:
Name of the Policy holder :	GSTIN(If applicable):
Postal Address of the Policy holder:	
Trade/Business:	
Contact No. of the Policy Holder: Mobile No.	Email id:
Period of Insurance From: Time Hour.....Date DD/MM/YYYY To: Midnight of DD/MM/YYYY	
Policy issued on(Named/Unnamed Basis): (<i>either of one</i>)	

DETAILS OF INTERMEDIARY

Intermediary Code	Intermediary Name	Intermediary Contact No	Intermediary email id
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DETAILS OF COVERAGE

ENDORSEMENT/CONDITION/WARRANTIES/CLAUSES

NOMINEE DETAILS

Nominee Name	Relationship of Nominee with Proposer	Nominee Date of Birth	% share	Nominee Present Address	Nominee Permanent Address	Name of the Appointee	Relationship with the Nominee

PREMIUM DETAILS

Risk Premium (A)	Add on-Premium (B)	Taxable value of services/Total Premium (A+B)	CGST As applicable	SGST as applicable	UGST as applicable	IGST as applicable	Premium Payable
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DISCLAIMER

This Policy Schedule shall be read together with the Policy Wordings (which are also available on the Company website i.e. www.zurichkotak.com). Any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

CLAIM DETAILS

In the event of claims, please send the relevant documents to:

Zurich Kotak General Insurance Company (India) Limited
 401, 4th Floor, Silver Metropolis, Jai Coach Compound,
 Off Western Express Highway,
 Goregaon (East), Mumbai – 400063. Maharashtra, India

TOLL FREE NUMBER: 1800 266 4545 (8 AM TO 8 PM)

Email ID: care@zurichkotak.com

TAX DETAILS

GST Registration No. _____

Category _____

SAC Code _____

Description- Other Property Insurance Services

Invoice Number- _____

Stamp Duty of XXXX is paid as provided under Article 47(B) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (XXXX Validity Period Dt. XX/XX/XXXX To Dt. XX/XX/XXXX (O/w. No. XXXX)/ Date: XX/XX/XXXX).

In witness whereof the undersigned being duly authorised by the Company has/have set his/their hand(s).

For Zurich Kotak General Insurance Company (India) Limited.

Authorised Signatory

This document is digitally signed, hence counter signature / stamp is not required.

Part II - POLICY WORDINGS

WHEREAS the Insured named in the Schedule hereto has made or caused to be made to **Zurich Kotak General Insurance Company (India) Limited** (hereinafter called the Company) a written proposal which is the basis of this contract and is deemed to be incorporated herein and has paid to the Company the premium herein stated as consideration for the insurance of risks hereinafter specified.

Now, this Policy witnesseth that subject to the terms, provisions, exceptions, conditions and definitions contained herein or endorsed or otherwise expressed hereon the Company agrees to indemnify the Insured against any direct pecuniary loss sustained by reason of any act of fraud or dishonesty committed by any permanent Employee(s) during the Period of Insurance and during the period of uninterrupted service of such Employee with the Insured and discovered during the continuance of this Policy or within twelve calendar months of the expiry of the Policy thereof and in the case of death, dismissal, resignation or retirement of the Employee within twelve calendar months of such death, dismissal, resignation or retirement whichever of these events shall first happen.

PROVIDED ALWAYS THAT

- i. The liability of the Company shall not exceed in respect of
 - (a) any Employee - the Amount Guaranteed against his name or against the relevant Category of Employees in the Schedule
 - (b) any event - the amount specified in the Schedule
 - (c) in respect of all claims under this Policy, the Aggregate Limit of Guarantee specified
- ii. If this Policy shall be continued in force for more than one Period of Insurance or if any liability shall exist on the part of the Company under this Policy and also under any other policy in respect of fraud or dishonesty of the Employee, the aggregate liability of the Company arising from any number of acts of fraud or dishonesty committed by such Employee shall not be accumulated or increased but shall not exceed the amount specified hereunder or under any other such policy as aforesaid whichever is greater.
- iii. The Company shall not be liable to pay more than one claim in respect of the actions of any one Employee.

EXCLUSIONS

The Company shall not be liable in respect of losses:-

1. Discovered more than 12 months after the termination either of this policy or of the service of the Employee concerned.
2. Where there has been any change in the agreed system of check or accounting precautions without the Company's prior consent.

3. any consequential losses of any kind, be they by way of loss of profit, any loss not reflected in the Insured's books of account, loss of opportunity, business interruption, market loss, loss of gain or potential income or gain which should have accrued to the Insured (including but not limited to interest and dividends), or otherwise;
4. legal liability of any kind;
5. Any fact or matter or circumstance of which the Insured was, or ought reasonably to have been, aware at the commencement of the Policy Period
6. Committed by an Employee in respect of whose conduct a claim has already been paid under the Policy.
7. Shortages on account of stock taking, trading losses not caused due to fraud or dishonesty.
8. Arising by usage of ATM, charge and credit cards and internet initiated or operated fraud or the wire transfer of monies to or from any natural person or entity.
9. Arising elsewhere than in India.
10. Of money due to any misfeasance, malfeasance or nonfeasance or breach of trust in relation to money by the Insured.
11. In the event of fraud or dishonesty by an Employee that occurs after the Insured suspected, or had reasonable cause to suspect him of fraud or dishonesty or after the Insured became aware of an act of fraud or dishonesty by that Employee or any material fact bearing on the honesty of that Employee.
12. By trading in securities or derivatives in Insured's name or otherwise and whether in a genuine or fictitious account.
13. On account of additional expense incurred by the Insured towards preparation of documents for substantiating the claim.
14. Arising out of misappropriation of foreign currency by the Employee of the Insured.
15. The Company is not liable for and no indemnity will be provided in respect of any loss arising in circumstances where:
 - a. the Insured carries on any business other than the Business, and/or
 - b. there is any material change in the facts and matters stated in the Insured's proposal, and/or
 - c. the duties or terms of service of Employees differ from those described in the proposal, and/or
 - d. the precautions and checks for ensuring the accuracy of the Insured's accounts and stocks are not as described in the Insured's proposal,

DEFINITION

The term "Employee" wherever appearing in this Policy means any person (other than a person whose employment is of a casual nature or who is employed otherwise than for the purposes of the Insured's business) who has entered into a written contract of permanent employment with the Insured.

BASIS OF LOSS SETTLEMENT:

- a. If a loss is sustained by Insured as a result of the fraudulent or dishonest conduct of a named employee/ a category of employee , the liability shall be restricted to the sum insured under the Policy against the said employee/the said category of the employee or the value of the

actual cash value of money, bullion, travellers cheques, negotiable instruments, bearer bonds or coupons, stamps, cheques or similar instrument, stocks held on trust on the day upon which the loss is discovered, whichever is lower.

- b. If the number of people covered for insurance under this policy against the category of employees is less than the actual number of employees in the said category, Company's liability stands reduced in the same proportion as the number of employees insured bears to actual number of employees in the said Category.
- c. Any monies which, but for the dishonest or fraudulent conduct of the employee concerned, would have been payable to such employee by Insured and any monies of such employee under Insured's custody or control shall be reduced from the amount payable by Company in diminution or extinction of any loss.
- d. All claims and losses resulting from one and the same fraudulent or dishonest act or a series of fraudulent or dishonest acts arising out of or attributable to the same originating cause, source or event shall be deemed to be one claim subject to a single employee sum insured under the Policy

CONDITIONS

The Policy and the Schedule shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such meaning wherever it may appear.

1. **NOTICE:** Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company at the address specified in the Policy Schedule..
2. **CLAIMS PROCEDURE:** It is a condition precedent to the liability of the Company, that on the discovery of any act or default or any circumstances which may give rise to a claim, the Insured shall:
 - (a) forthwith give written notice to the issuing office of the Company;
 - (b) report the loss to the Police immediately and in any event within 24 hours of its discovery and FIR obtained;
 - (c) immediately take all steps prudent to prevent further loss;
 - (d) supply at the request of and free of expense to the Company all such proof, information and other evidence (verified by statutory declaration if so required) relating to the claim as the Company may require.
2. **REASONABLE CARE:** The Insured shall keep a daily and up to date account of all transactions involving money and contents in respect of which a claim may be made under this Policy and store the same in a secure place. The Insured shall also maintain a separate register to record all transactions in relation to any safe or locker.
3. **CONTRIBUTION:** If the Insured is or shall hereafter be guaranteed by any other person, society or company or hold any other security or insurance against such loss as is hereby

specified, the Company shall not be liable to pay or contribute more than its rateable proportion of such loss with such person, society or company or securities or insurance except in case multiple policies involving bank or other lending or financing entity as mentioned under Clause 25.

4. Any money of the Employee in the hands of the Insured and any money which but for the Employee's dishonesty would have been due to the Employee from the Insured shall be deducted from the amount otherwise payable under this Policy. Any money recovered after the settlement of any claim shall be the property of the Company not exceeding, however, the amount paid by the Company.
5. Any security available with the Insured relating to the Employee shall be handed over to the Company on settlement of the claim and the Insured shall also execute such documents as may be required by the Company to enforce the security.
6. **SUBROGATION:** The Insured and any claimant under this policy, shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company.
7. **CHANGE OF RISK:** Unless the Company be advised and its written approval be obtained, the Company shall not be liable hereunder in the event of any change in the nature of the Business of the Insured or in the duties and conditions of service of the Employee or if remuneration of the Employee be reduced/increased or its basis altered or if the precautions stated by the Insured with regard to accounting be not duly followed or if the Insured shall continue to entrust the Employee with money or goods after having knowledge of any material fact bearing on the honesty of the Employee.
8. If any part of the premium or renewal is based on estimates furnished by the Insured, the Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of each period of insurance, furnish such information as the Company may require. The premium or renewal premium shall thereupon be adjusted and the difference paid by or allowed to the Insured.
9. If required by the Company, the authorized representative of the Company shall in case of any loss to the Insured be permitted at all reasonable times to examine the circumstances of such loss and the Insured shall on being required so to do by the Company produce all books of accounts, receipts, or documents relating to or containing entries relating to the loss in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way enable the Company to ascertain the correctness thereof or the liability of the Company under this Policy.
10. **DUTY OF DISCLOSURE:** The Policy shall be null and void in the event of misrepresentation, mis-description or nondisclosure in any material particular or if a claim be fraudulent or any fraudulent means or devices be used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

11. The Company shall be entitled at its own expense and for its own benefit, in the name of the Insured to prosecute all claims and exercise all rights of action competent to the Insured against the Employee in respect of any act Insured against in connection with which it may have made payment under this Policy and the Insured shall give to the Company all such information and assistance as may be reasonably required for the exercise of such claims or rights.
12. The Insured shall if and when required by the Company but at the expense of the Company, use all diligence in prosecuting any Employee for conviction of any act which such Employee shall have committed and in consequence of which a claim may be made under this Policy. The Insured shall at the Company's expense give all information and assistance to enable the Company to sue for and obtain reimbursement from any such Employee by reason of whose acts or defaults a claim has been made, or against the estate of such Employee, for money which the Company shall have become liable to pay in respect thereof.
13. **FRAUD:** If any claim under this Policy is in any respect fraudulent or if any false declaration is made or used in support thereof or if any fraudulent means or device are used by the Insured or any one acting on the Insured's behalf to obtain any benefit under this Policy, all benefits and rights under the Policy shall be forfeited.

14. **CANCELLATION:**

The insured can cancel the policy at any time during the term, without assigning any reason, by giving notice in writing to the Company. The Company shall-

- Refund proportion premium for unexpired policy period, if the term of the policy is upto one year and there is no claim(s) made during the policy period.

The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the insured.

15. **ARBITRATION:**

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

Note: The above Arbitration Clause is not applicable to retail / individual policyholders.

16. **LIMITATION OF LIABILITY:**

If a Claim is rejected or partially settled under the terms of the Policy and is not the subject of a pending suit or other proceedings within the applicable period specified under the Limitation Act 1963 (as amended and any other applicable law), the Claim shall be deemed to have been closed and Company's liability in respect of it shall be extinguished.

17. **TERRITORIAL LIMITS:**

This policy covers insured events arising during the policy period within India only. The company's liability to make any payment shall be to make payment within India and in Indian Rupees only.

18. **OBSERVANCE OF TERMS AND CONDITIONS:** The due observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy insofar as they relate to anything to be done or complied with by the Insured and the truth of the statements and answers in the proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy.
19. In the event of any transfer of interest except by death this insurance shall cease unless expressly agreed to by the Company and noted on this Policy by endorsement.
20. For the purpose of identifying the Employee in all cases of change of residence or occupation or change of name whether by marriage or otherwise, due notice thereof in writing shall be given by the Insured to the Company.
21. The Company shall not be bound to give notice or be effected by any notice of any trust, charge, lien, assignment or other dealing with or relating to any contract of insurance and the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.
22. Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially effect the Company notwithstanding subsequent acceptance of any premium.
23. **RENEWAL NOTICE:** This Policy will automatically terminate at the end of the period of Insurance stated in the schedule. The Company shall not be bound to accept any renewal premium nor to give notice that such is due.
24. This policy is subject to the laws of India and the jurisdiction of its courts.
25. **Multiple policies involving Bank or other lending or financing entity:** In case there is more than one insurance policy issued to the customer/ policyholder covering the same risk, the insurer will not apply contribution clause. Underinsurance will be applied on an overall basis taking into consideration the sum insured under all policies and comparing it with the value at risk.
26. **Documents required at the time of claim**
Following documents will be called from the insured and all will be listed in the letter to be sent immediately after receiving the notice of loss.

26.1 Basic Documents:

- 1) Claim form, duly filled in and signed by the Insured.
- 2) Inventory of loss & supporting like statement giving details of lost items
- 3) Books of records & Accounts

26.2 Additional Documents:

- 1) Photographs, if taken by the Insured
- 2) Departmental Note about the incident & supportings in any form like documentary proof/video evidences etc
- 3) FIR and Police Panchnama
- 4) Final investigation Report
- 5) In case of repairs, necessary repair bills and payment proofs,

The Company may ask for additional documents, if required, on case to case basis.

27. Turn Around Time (TAT) for claims settlement

Appointment of surveyor	Within 24 hours of reporting of claim
Submission of final survey report	Within 15 days of allocation
Settlement of claims	Within 7 days of receipt of the survey report or after expiry of 15 days from allocation of the claim to the surveyor whichever is earlier*

** This timeline will apply where surveyors are appointed*

28. GRIEVANCE

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free number 1800 266 4545 (8 AM to 8 PM) or may write an e-mail at care@zurichkotak.com.

In case the Insured is not satisfied with the response, Insured may contact the Grievance Officer of the Company at grievanceofficer@zurichkotak.com. In case if the Insured is not satisfied with the solution the Grievance Officer has provided, Insured can write to seniorgrievanceofficer@zurichkotak.com / chiefgrievanceofficer@zurichkotak.com

However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal: <https://bimabharosa.irdai.gov.in>.

You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. The details of the Insurance Ombudsman is available at Annexure I.

The details of the Insurance Ombudsman/ complete Grievance Redressal Process is also available at Company’s website: www.zurichkotak.com.

The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: www.cioins.co.in/Ombudsman

29. Sanction and Embargo Clause (Sanctions Limitation & Exclusion Clause - LMA 3100 amended)

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, Switzerland or United States of America.

Annexure I

Details of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District
Ahmedabad: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
Bhopal: Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
Chandigarh: Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
Guwahati:	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh,

Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Nagaland and Tripura.
Hyderabad: 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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
Ernakulam: Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
Noida: Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras,

Email: bimalokpal.noida@cioins.co.in	Kanshiramnagar, Saharanpur.
Patna: Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar and Jharkhand.
Pune: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Part III: ENDORSEMENTS/ADDITIONAL COVERS WORDING

Coverage of Foreign Exchange (KFG-01)

Attached to and forming part of the Policy No. _____

It is hereby declared and agreed that in consideration of the premium charged under the Policy and subject to the terms and conditions, the coverage under the Policy is extended to indemnify the Insured against any direct pecuniary loss of foreign currency in possession of the Employee/Insured, sustained by reason of any act of fraud or dishonesty committed by any permanent Employee(s) of the Insured. In consequence of the above, Exclusion No. (11) of the Policy stands deleted.

In the event of the claim, the same will be settled only in Indian currency and the Insured will be indemnified in respect of the loss with reference to the exchange rate prevailing as on the date of discovery of the loss.

Subject otherwise to the terms, conditions and exceptions of the Policy and endorsements, if any, thereon.

Additional Expenses extension (KFG 02)

Attached to and forming part of the Policy No. _____

It is hereby declared and agreed that in consideration of the premium charged under the Policy, and subject to the terms and conditions, the Insured will be indemnified towards expenses reasonably incurred towards substantiating the claim. The cover under this extension shall be up to 10% of the claim amount subject to maximum of Rs.50,000/- in respect of each and every claim. This extra benefit shall however not increase the amount insured.

In consequence of the above, Exclusion No. (10) of the Policy stands deleted.

Subject otherwise to the terms, conditions and exceptions of the Policy and endorsements, if any, thereon.

Contractual Employee(s) extension (KFG-03)

Attached to and forming part of the Policy No. _____

It is hereby declared and agreed that in consideration of the premium charged under the Policy and subject to the terms and conditions, the coverage under the Policy is extended to indemnify the Insured against any direct pecuniary loss sustained by reason of any act of fraud or dishonesty committed by any Contractual Employee(s) who are hired by the Insured to undertake any specific work and for a specific period of time at a specific pay.

Subject otherwise to the terms, conditions and exceptions of the Policy and endorsements, if any, thereon

Retroactive Period (KFG-04)

Attached to and forming part of the Policy No. _____

It is hereby declared and agreed that in consideration of payment of additional premium under this endorsement and subject to otherwise the terms and conditions of this Policy, the Company also agrees to indemnify the insured against any direct pecuniary loss sustained by reason of any act of fraud or dishonesty committed by any permanent employee(s) during the retroactive period mentioned on the policy schedule and discovered during the period of insurance of this policy provided that in such retroactive period, the insurance was continuously in force but in no event we shall be liable to pay any claim in respect of loss sustained prior to inception of the Original/first Policy.

Subject otherwise to the terms, conditions and exceptions of the Policy and endorsements.