

CUSTOMER INFORMATION SHEET

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

S. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number												
1	Product Name	MAXIMA COMMERCIAL GENERAL LIABILITY INSURANCE													
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN152RP0012V02202223													
3	Structure	<ul style="list-style-type: none"> • Limit Of Indemnity (LOI) <ul style="list-style-type: none"> • Any One Occurrence • Aggregate 													
4	Interests Insured	<p>A Commercial General Liability (CGL) Insurance is a broad type of Insurance policy which provides liability insurance for general business risks for third party bodily injury, personal injury, and property damage caused by the business's operations, products or injuries that occur on the business's premises.</p> <p>The policy pays for all fair and reasonable legal costs and other expenses incurred by the business owner to investigate, settle or in the defence of any civil Suit, Claim or proceedings against them.</p>													
5	Sum Insured	<p>In Commercial General Liability policy, the sum insured is referred to as Limit of Indemnity. This limit is fixed for Any One Occurrence and in the Aggregate. The limit of Indemnity is to be decided by the Insured based upon their own and industry experience.</p> <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 50%;">Insuring Clause</th> <th style="width: 40%;">Limit of Indemnity</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>General Aggregate Limit</td> <td>INR XXXXXX</td> </tr> <tr> <td>B</td> <td>Product and Completed Operations</td> <td>INR XXXXXX</td> </tr> <tr> <td>C</td> <td>Total Aggregate Limit</td> <td>INR XXXXXX</td> </tr> </tbody> </table>		Insuring Clause	Limit of Indemnity	A	General Aggregate Limit	INR XXXXXX	B	Product and Completed Operations	INR XXXXXX	C	Total Aggregate Limit	INR XXXXXX	
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6	Policy Coverage	<p>The coverages available under this policy are listed in below table and will be applicable as mentioned in the Policy Schedule.</p> <table border="1" data-bbox="435 327 1173 1702"> <thead> <tr> <th data-bbox="435 327 1173 365">Insuring Agreements</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 365 1173 1489"> <p>The Insurer hereby agrees to indemnify the Insured against legal liability and Defence Costs related thereto, in excess of the Deductible specified in the Schedule against each Insuring Clause and Optional Extensions, arising out of the Insured's Business as specified in Item 2 of the Schedule, as per the following: All coverage under this insurance under all Insuring Clauses, Standard and Optional Extensions apply only if:</p> <ol style="list-style-type: none"> a. Occurrence to which the Claim is attributed takes place in the Coverage Territory; b. Occurrence to which the Claim is attributed did not occur before the Retroactive Date if any as shown in Item 4 of the Schedule or after the end of the Policy Period or any Extended Reporting Period as provided under Section 5 Extended Reporting Periods; c. Claim is made in the jurisdiction specified in the Schedule against each Insuring Clause and Optional Extension. <p>A Claim will be deemed to have been made at the earlier of the following times:</p> <ol style="list-style-type: none"> a. When notice of such Claim is received by any Insured or by the Insurer whichever comes first; b. All Claims for Damages to the same person or organization under any Insuring Clause will be deemed to have been made at the time the first of those Claims is made against the Insured. <p>And reported to the Insurer during the Policy Period or any Extended Reporting Period as provided under Section 5 Extended Reporting Periods</p> <p>1.1 Bodily Injury and/or Property Damage Insurer will pay those sums that the Insured becomes legally liable to pay as Damages and Defence Costs related thereto because of Bodily Injury and/or Property Damage to which this insurance applies.</p> </td> </tr> </tbody> </table>	Insuring Agreements	<p>The Insurer hereby agrees to indemnify the Insured against legal liability and Defence Costs related thereto, in excess of the Deductible specified in the Schedule against each Insuring Clause and Optional Extensions, arising out of the Insured's Business as specified in Item 2 of the Schedule, as per the following: All coverage under this insurance under all Insuring Clauses, Standard and Optional Extensions apply only if:</p> <ol style="list-style-type: none"> a. Occurrence to which the Claim is attributed takes place in the Coverage Territory; b. Occurrence to which the Claim is attributed did not occur before the Retroactive Date if any as shown in Item 4 of the Schedule or after the end of the Policy Period or any Extended Reporting Period as provided under Section 5 Extended Reporting Periods; c. Claim is made in the jurisdiction specified in the Schedule against each Insuring Clause and Optional Extension. <p>A Claim will be deemed to have been made at the earlier of the following times:</p> <ol style="list-style-type: none"> a. When notice of such Claim is received by any Insured or by the Insurer whichever comes first; b. All Claims for Damages to the same person or organization under any Insuring Clause will be deemed to have been made at the time the first of those Claims is made against the Insured. <p>And reported to the Insurer during the Policy Period or any Extended Reporting Period as provided under Section 5 Extended Reporting Periods</p> <p>1.1 Bodily Injury and/or Property Damage Insurer will pay those sums that the Insured becomes legally liable to pay as Damages and Defence Costs related thereto because of Bodily Injury and/or Property Damage to which this insurance applies.</p>	Policy Wording – 1. INSURING AGREEMENTS
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7	Add-on Cover	<p>Standard Extension</p> <ul style="list-style-type: none"> • Damage to Rented Property • Personal Injury and/or Advertising Injury • Sudden and Accidental Pollution • Transportation <p>Optional Extension</p> <ul style="list-style-type: none"> • Medical Expenses • Official Visits Abroad of Insured • Terrorism Legal Liability • Cross Liability • Non-Owned Hired Auto Liability • Mitigation Expenses • Supplementary Payments <p>Other Extension</p> <ul style="list-style-type: none"> • Additional Insured Endorsement • Automatic New Subsidiary Cover • Batch Clause Endorsement • Designated Premises Endorsement – Broad • Business Definition Endorsement • Personal property under Care, Custody and Control extension • Control Group Clause • Discharge of Treated Effluents Endorsement • Employer’s Liability Endorsement • Events Extension Endorsement • Failure to Supply Exclusion Endorsement for Utility Sector • Financial Loss Endorsement • Coverage for Fines, Penalties, Punitive and Exemplary Damages Endorsement • Food and Beverages Endorsement • Garage-keepers and Valet Liability Endorsement • Incidental Medical Malpractice • Minor Civil Works Endorsement • Blending and Mixing Endorsement • Designated Premises Endorsement – Narrow • Non-Manual Travels by the Insured • Non-Owned and Hired Auto Liability Endorsement • Non-cancellation Endorsement • Personal and Advertising Injury Endorsement 	
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8	Loss Participation	As per Specified in the Policy Schedule																
9	Exclusions	<p>General Exclusions applicable to all insuring clauses and Optional extensions.</p> <p>This Policy does not cover liability in respect of:</p> <ol style="list-style-type: none"> 1. Absolute Asbestos Exclusion 2. Aircraft, Auto or Watercraft 3. Biological Agents/ Communicable Disease 4. Contractual Liability 5. Employer's Liability 6. Employment-Related Practices 7. Information Technology Hazards 8. Intellectual Property Laws or Rights 9. Mobile equipment 10. Multiplied, Punitive Damages, Fines or Penalties 11. Professional Errors and Omissions 12. Property under Insured's Care Custody and Control 	Policy Wording - 4. General Exclusions applicable to all insuring clauses and Optional extensions															

		<p>13. Pollution 14. Transportation 15. War, Terrorism and Radioactivity 16. Willful or intentional non-compliance or criminal acts 17. Workers' Compensation and Similar Laws</p> <p>For complete list of exclusions including Section-wise exclusions, refer the policy wordings and Endorsement wordings if any applicable</p>	
10	Special Conditions and Warranties (if any)	<p>1. Prior written Consent The Insured shall not without the consent in writing of the Insurer, make any admission, offer, promise or payment in connection with any Occurrence or claim, and if it so desires shall be entitled to take over and conduct in the name of the Insured the defence or settlement of any Claim. If the Insured refuses to consent to a settlement or compromise recommended by the Insurer and elects to contest or continue to contest a Claim, the Insurer's liability under the Policy shall be limited to the amount for which the Claim could have been settled and the Defence Costs incurred till the date on which the Insurer had recommended settlement.</p> <p>2. Co-operation and Assistance The Insured shall keep accurate record of annual turnover, which term shall include all leviable duties and at the time of renewal of insurance declare such details as the Insurer may require. The Insured shall furnish such information (including duly certified copies) expediently on demand from the Insurer.</p> <p>3. Change in Circumstances The Insured shall give notice as soon as reasonably practicable of any fact, event or circumstance which materially changes the information supplied to the Insurer at the time when this Policy was effected, and the Insurer may amend the terms and conditions of this Policy according to the materiality of such change.</p>	Policy Wording- 9. Claims Handling Provisions and 10. General Terms and Conditions
11	Admissibility of Claim	<p>1. Notification of Claim The Insured shall give the Insurer a notice in writing of any Claim at the address mentioned in the Schedule, and definitely before the expiry of the Policy Period or any applicable reporting period. The notice should be sent along with the duly completed claim form and all other relevant documentation/information in respect of the Claim including (but not limited to) a background note which details</p> <ol style="list-style-type: none"> a. How, when and where the Occurrence took place; b. The names and addresses of any injured persons and witnesses; and 	Policy Wording- 9. Claims Handling Provisions

		<p>c. The nature and location of any injury or damage arising out of the Occurrence.</p> <p>Notice of an Occurrence is not notice of a Claim</p> <p>2. Notification of a Circumstance The Insured shall give to the Insurer written notice at the Insurer's address specified in the Schedule as soon as practicable of any circumstance of which the Insured shall become aware and which might reasonably be expected to give rise to a Claim. The Insured shall provide to the Insurer reasons for the anticipation of such Claim in writing, with full particulars as to dates and persons involved.</p> <p>3. Co-operation In the event of an Occurrence or the likelihood of an Occurrence the Insured shall take all reasonable steps to prevent Bodily Injury and/or Property Damage arising, or continuing out of the same or similar conditions. The Insured shall co-operate with the Insurer and upon the Insurer's request, assist in making settlements, in the conduct of Suits and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Insured because of an Occurrence and the Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses.</p> <p>• Sample claim calculation process</p> <table border="1" data-bbox="437 1115 1134 1240"> <tr> <td>Gross Loss as per court/offset limit</td> <td>50000</td> </tr> <tr> <td>Less: Deductible (if applicable as per policy)</td> <td>5000</td> </tr> <tr> <td>Net Loss Payable</td> <td>45000</td> </tr> </table> <p><i>** The above claim calculation is subject to change as per Add on covers opted and policy terms and conditions.</i></p>	Gross Loss as per court/offset limit	50000	Less: Deductible (if applicable as per policy)	5000	Net Loss Payable	45000	
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12	Policy Servicing – Claim Intimation and Processing	<ul style="list-style-type: none"> Toll free / IVRS number of the insurer: 1800 266 4545 (8 AM TO 8 PM) Website / Email: www.zurichkotak.com/care@zurichkotak.com Details of designated company officials to be contacted in time of claim: care@zurichkotak.com <p>Details of procedure to be followed or reimbursement of claim</p> <p>Prior Written Consent The Insured shall not without the consent in writing of the Insurer, make any admission, offer, promise or payment in connection with any Occurrence or claim, and if it so desires shall be entitled to take over and conduct in the name of the Insured the defence or settlement of any Claim. If the Insured refuses to consent to a settlement or compromise recommended</p>	Policy Wording- 9. Claims Handling Provisions						

		<p>by the Insurer and elects to contest or continue to contest a Claim, the Insurer's liability under the Policy shall be limited to the amount for which the Claim could have been settled and the Defence Costs incurred till the date on which the Insurer had recommended settlement.</p> <p>Claim Series Clause For the purpose of this Policy where a series of and/or several Bodily Injuries and/or Property Damages are attributable direct or indirectly to the same cause, all such Bodily Injuries and/or Property Damages shall be added together and all such Bodily Injuries and/or or Property Damages shall be treated as one Claim and such Claim shall be deemed to have been made at the point in time when the first of the Claims was made in writing. There shall, however, be no coverage for Claims made arising from one specific cause which are made later than 3 years after the first Claim of the series.</p> <ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement <table border="1" data-bbox="477 943 1160 1355"> <tr> <td>Appointment of surveyor</td> <td>Within 24 hours of reporting of claim</td> </tr> <tr> <td>Submission of final survey report</td> <td>Within 15 days of allocation</td> </tr> <tr> <td>Settlement of claims</td> <td>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*</td> </tr> </table> <p><i>*This timeline will apply where surveyors are appointed</i></p> <p>Escalation Matrix when TAT is not satisfied</p> <table border="1" data-bbox="434 1559 1187 1809"> <tr> <td rowspan="3">Level 1</td> <td>East and North: CommercialclaimsNorth&East@zurichkotak.com</td> </tr> <tr> <td>West: CommercialclaimsWest@zurichkotak.com</td> </tr> <tr> <td>South: CommercialclaimsSouth@zurichkotak.com</td> </tr> <tr> <td>Level 2</td> <td>CommercialclaimsHO@zurichkotak.com</td> </tr> </table>	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*	Level 1	East and North: CommercialclaimsNorth&East@zurichkotak.com	West: CommercialclaimsWest@zurichkotak.com	South: CommercialclaimsSouth@zurichkotak.com	Level 2	CommercialclaimsHO@zurichkotak.com	
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13	Grievance Redressal and Policyholders protection	<p>For resolution of any query or grievance, Insured may contact the respective branch office of the Insurer or may call toll free number 1800 266 4545 or may write an e- mail at care@zurichkotak.com.</p>	Policy wording – 12. Grievance Redressal												

		<p>In case the Insured is not satisfied with the response, Insured may contact the Grievance Officer of the Insurer 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.</p> <p>However, if the resolution provided by the Insurer is not satisfactory the Insured may approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal: https://bimabharosa.irdai.gov.in. The Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance.</p> <p>The details of the Insurance Ombudsman/ complete Grievance Redressal Process is also available at Insurer'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.</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. • Disclosure of other material information during the policy period. <p>The Policy schedule and policy wording is provided on the basis of the duly filled signed, dated and stamped proposal form provided by the Insured. Any deviation may affect the claim settlement.</p>	

Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

Maxima Commercial General Liability Insurance | UIN: IRDAN152RP0012V02202223 Page 8 of 9

Zurich Kotak General Insurance Company (India) Limited (Formerly known as Kotak Mahindra General Insurance Company Limited) CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India.

- i. Please visit <https://www.zurichkotak.com/documents/customer-support/downloads> for product related documents including CIS
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.