

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

Policy No: << >>

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Product Name	Employee's Compensation Insurance - Retail	Not applicable
2	Unique Identification Number allotted by IRDAI	IRDAN134RP0024V01202223	Not applicable
3	Structure	<ul style="list-style-type: none"> • Benefit 	Not applicable
4	Interests Insured	<ul style="list-style-type: none"> • This Product covers insured's legal liability towards employees in respect of accident and diseases of occupation under the Employee Compensation Act, 1923 <p>Legal Liability arising out of : <<Nature of Business >></p>	2.A Operative Clause
5	Sum Insured	Sum Insured - << Total Sum Insured as opted >>	2.B Definitions Point no. 9
6	Policy Coverage	<p>The Company shall indemnify the Insured upto the Limit of Indemnity against all sums for which the Insured shall be so liable, including costs and expenses for defending any such claim incurred with the Company's consent towards any Employee or Employees of the Insured who shall sustain Injury by accident arising out of and in the course of his employment in the Business, under any Law(s) specified below :</p> <ul style="list-style-type: none"> ➤ The Employee's Compensation Act 1923 ➤ Fatal Accidents Act, 1855 ➤ Common Law. 	2.A Operative Clause

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

7	Add-on Cover	<p>The product also offers the choice of few optional covers as below:</p> <p>Endorsements</p> <p>Endorsement 1: Coverage for Limited Medical Expenses</p> <p>In consideration of the payment of an additional premium it is hereby understood and agreed that this Policy is extended to cover Insured's liability towards medical expenses for treatment of Injury arising out of accident in respect of which indemnity granted under this Policy otherwise applies.</p> <p>Provided always that the liability of the Company under this endorsement shall be limited to Rs * _____.in respect of each Employee per accident. and the aggregate liability of the Company for all accidents during the Period of Insurance to Rs. * _____.</p> <p>Subject to otherwise to the terms, provisions and conditions of the within Policy.</p> <p>Endorsement 2: Coverage for Medical Expenses at Actual</p> <p>In consideration of the payment of an additional premium it is hereby understood and agreed that this Policy is extended to cover Insured's liability towards medical expenses for treatment of Injury arising out of accident in respect of which indemnity granted under this Policy otherwise applies.</p> <p>Provided always that the liability of the Company under this endorsement shall be limited to Medical Expenses incurred at actual in respect of each Employee per accident. Subject to otherwise to the terms, provisions and conditions of the within Policy.</p> <p>Endorsement 3: Coverage for Occupational Disease (Limited)</p> <p>In consideration of the payment of additional premium it is hereby understood and agreed that the indemnity herein granted is extended to cover the legal liability of the Insured to Employee for</p>	Endorsement Wordings
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EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

		<p>Occupational Diseases solely and directly contracted due to employment under the Insured in the Business in respect of which the within Policy is granted.</p> <p>Subject to otherwise to the terms, provisions and conditions of the within Policy.</p> <p>Endorsement 4: Coverage for Contractors Workers/ Sub Contractors Employees</p> <p>In consideration of the payment of an additional premium it is hereby understood and agreed that the indemnity herein granted is extended to cover the legal liability of the Insured to Employees in the employment of Contractors performing work for the Insured while engaged in the Business in respect of which the within Policy is granted, but only so far as regard claims under the Employees Compensation Act, 1923, and subsequent amendments of said Act prior to the date of the issue of this Policy.</p> <p>Endorsement 5: Coverage for Terrorism</p> <p>In consideration of the payment of additional premium, it is hereby understood and agreed that this Policy is extended to cover the legal liability of the Insured to the Employee by accident directly or indirectly caused by or arising from or in consequence of or attributable to any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.</p> <p>For the purpose of this cover, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities(Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.</p>	
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EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

		<p>Provided that if the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme. Subject to otherwise to the terms, provisions and conditions of the within policy.</p> <p>Note: All the above covers are offered under this product. However, the cover offerings may differ and shall be applicable as opted under the policy</p>	
8	Loss Participation	Nil	Not applicable
9	Exclusions	<p>This Policy shall not cover liability of the Insured</p> <ol style="list-style-type: none"> 1. For Injury caused to Employee by accident directly or indirectly caused by or arising from or in consequence of or attributable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, mutiny, insurrection, rebellion, revolution or military or usurped power, nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. 2. Accident occurring at any other place than the Place or Places of Employment specified in the Schedule, unless the Employee was at such other place whilst on duty for the purpose of the Business and on the directions of the Insured or any of its official authorized to exercise control and supervision over the Employee. 3. For Injury caused to Employee by accident directly or indirectly caused by or arising from or in consequence of or attributable to any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss, unless this exclusion is specifically waived by the Company and mentioned in the Policy Schedule. 4. For the purpose of this exclusion, an act of terrorism means an act or series of acts, including but not limited to the use of force or 	2.C Exclusions

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

		<p>violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.</p> <p>5. For Occupational Diseases contracted by an Employee unless endorsed otherwise.</p> <p>6. For interest and/or penalty imposed on the Insured under any law or otherwise.</p> <p>7. Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee unless endorsed otherwise</p> <p>8. For persons employed in the Business under a Contractor or Sub-Contractor of the Insured unless specifically covered in the Schedule</p> <p>9. For Injury sustained by person whilst in the employ of the Insured otherwise than in the Business and/or who has is not declared for insurance under this Policy.</p> <p>10. Assumed by agreement which would not have attached in the absence of such agreement</p> <p>11. For any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party.</p> <p>12. For any accident occurring whilst the Employee is under the influence of intoxicating liquor or drugs.</p> <p>13. For any incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental Injury.</p>	
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EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

10	Special Conditions and Warranties (if any)	As mentioned in the policy schedule	Not Applicable
11	Admissibility of Claim	<p>The claim would be admissible as per the coverages and the exclusions mentioned in the policy wordings</p> <p>Sample Claim Calculation -</p> <p>Type of Injury Temporary Disablement</p> <p>Date of Injury (MM/DD/YYYY) - 15-02-2024</p> <p>Last date before resuming the duties (MM/DD/YYYY) -31-03-2024</p> <p>No of Days -45</p> <p>Days entitled for Compensation - 45</p> <p>Actual Wages of the employee - 3119</p> <p>Wages declared as per policy - 3119</p> <p>Considered Wages -3119</p> <p>Wages as per WC Act - 15000</p> <p>Wages considered for Assessment -3119</p> <p>Maximum wages considered as per WC Act – 3119</p> <p>Compensation Amount</p> <p>(50% of Wages) Due to 42 days -4,678 Add: Medical Expenses (As per Policy) -8,574</p> <p>Claim Payable- 13,252</p>	<p>2.A Operative Clause</p> <p>2.C Exclusions</p>
12	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> • Toll Free Numbers: 1800 200 4030 / 1800 22 4030 • Website - www.universalsompo.com • Email - contactus@universalsompo.com; contactclaims@universalsompo.com 	<p>2.E Claim Procedure</p>

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

- **Claim Procedure**

Claim Intimation

In the event of any circumstances likely to give rise to a claim insured must follow the following.

a) Reporting and Lodging of complaint with the local police immediately for the loss due to Terrorism /Burglary / Theft / involvement of any third party / injury or casualty/ malicious act.

b) Take all reasonable steps within the insured's power to recover / minimize the extent of the loss or damage.

c) Intimate us as soon as reasonably possible. Notice of claim and registration shall be done at our Toll Free Number: 1800-22-4030/1800-200-4030, alternatively you can notify your claim by sending _____ mail _____ to <contactclaims@universalsompo.com>.

d) While notifying your claim, please share your

1) policy number under which you prefer to lodge your claim,

2) date of loss,

3) place of loss,

4) cause of loss

5) estimate of your loss.

6) Details of contact person with mobile no. and e- mail ID.

e) Preserve the damaged or defective parts / items / assets and make them available for inspection by an official of the insurance company or surveyor /investigator appointed.

f) Furnish all such information / proofs and documentary evidence as the surveyor / insurance company may require processing your claim.

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

Followed by notification of a claim, insured is expected to follow the following procedures.

a) Insured shall do all possible loss minimization activity to reduce further loss or aggravation of loss.

b) Insured shall not dispose / throwing away /selling / destroying any of damaged item/salvage before inspection of loss by insurer/surveyor been appointed.

c) Insured shall furnish all necessary documents/photographs/videos and proof / evidence in relevant to their claim to surveyor / insurance company to establish their loss.

d) Insured shall not offer promise or assurance to any third party for their loss arising out of this incident.

e) After receipt of all necessary claim documents, re-instatement bills and payment proofs, claim working with surveyor observation would be shared to insured by surveyor / insurance company for their understanding and concurrence.

f) Based on the final surveyor report, claim preferred by insured would be processed and concluded for settlement.

g) Post notification of a claim, Insured would be followed for the basic settlement documents or clarification on the discrepancy observed on the basic settlement documents. In spite of our best effort, if insured fails to responded for the basic details within the defined time limit, the claim preferred by insured would be repudiated as " Loss was not established".

Basic documents to be submitted by insured for claim settlement (To be submitted by insured after reporting of loss)

- 1) Claim Form duly filled in & signed.
- 2) Statement of Wages
- 3) Wages register

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

		<p>4) Muster Roll 5) Death certificate 6) Post Mortem report 7) FIR copy/Final report 8) Panchnama 9) All medical papers 10) Attested copy of statements of witness, if any lodged with police authorities (if any) 11) Photographs if possible, as per incidence of claim 12) Certificate confirming relationship between employee and employer 13) Confirmation- Accident during employment and in the course of employment 14) Investigation Report 15) Copy of summons/Intimation to WC court 16) Copy of Award given by WC court</p> <ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement (excluding policies issued on the property/ building on reinstatement basis) <ul style="list-style-type: none"> ➤ The Surveyor shall be appointed with 24 hours from the intimation. ➤ The surveyor to share the Letter of requirement within 02 days from the date of his visit to the loss premises. ➤ The Surveyor shall share its reminders emails/letter after 05 days from the date of last mail in case the documents has not been submitted. ➤ The Insurance Company to obtain survey report within 15 days from the date of appointment. ➤ Post receipt of survey report insurance company to conclude the case within 07 days of receipt of survey report. • Escalation Matrix Level 1 - contactclaims@universalsompo.com Level 2 - grievance@universalsompo.com Level 3 - gro@universalsompo.com 	
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EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

13	<p>Grievance Redressal and Policyholders Protection</p>	<p>Grievances</p> <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>➤ Step 1</p> <p>a. Contact Us 1-800-224030/1-800-2004030</p> <p>b. E-mail Address: Contactus@universalsompo.com</p> <p>c. Write to us Customer Service Universal Sampo General Insurance Company Limited</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708</p> <p>d. Senior Citizen Number: 1800 267 4030</p> <p>➤ Step 2</p> <p>If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.</p> <p>Email Us- grievance@universalsompo.com</p> <p>Drop in Your concern</p> <p>Grievance Cell: Universal Sampo General Insurance Co. Ltd, Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708</p> <p>Visit Branch Grievance Redressal Officer (GRO)</p> <p>Walk into any of our nearest branches and request to meet the GRO</p> <ul style="list-style-type: none"> • We will acknowledge receipt of your concern immediately • Within 2 weeks of receiving your grievance, we will respond to you with the best solution. • We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of our response <p>➤ Step 3:</p> <p>In case, You are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, You may write or email to:</p> <p>Chief Grievance Redressal Officer</p>	2.F Grievances
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EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

	<p>Universal Sampo General Insurance Company Limited Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road,Airoli, Navi Mumbai, Maharashtra - 400708 Email : gro@universalsompo.com</p> <p>For updated details of grievance officer, kindly refer the link https://www.universalsompo.com/resource-grievance-redressal</p> <p>➤ Step 4.</p> <p>Bima Bharosa Portal link : https://bimabharosa.irdai.gov.in/</p> <p>Insurance Ombudsman You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in/, the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.</p> <p>The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: https://www.ciains.co.in/Ombudsman</p> <p>Note: Grievance may also be lodged at IRDAI https://bimabharosa.irdai.gov.in/</p> <p><u>Below are the contact details:</u></p>	
	<p>Office Details</p>	<p>Jurisdiction of Office Union Territory, District)</p>
	<p>AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

	<p>Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>			
	<p>BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	Karnataka		
	<p>BHOPAL Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal - 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	Madhya Pradesh Chattisgarh.		
	<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Odisha		
	<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor</p>	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and		

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

	<p>Batra Building, Sector 17 – D, Chandigarh – 160 017 Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>		
	<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>		
	<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh</p>		
	<p>GUWAHATI 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</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>		

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

	<p>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@ciains.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>		
	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363/2740798 Email: bimalokpal.jaipur@ciains.co.in</p>	<p>Rajasthan</p>		
	<p>ERNAKULAM Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@ciains.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>		
	<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>		

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

		<p>Email: bimalokpal.kolkata@cioins.co.in</p>		
		<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082/3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>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.</p>	
		<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038800/27/29/31/32/33 Email:</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

		bimalokpal.mumbai@cioins.co.in		
		<p>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 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	
		<p>PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>	

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

		<p>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.: 020-24471175 Email: bimalokpal.pune@cioins.co. in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	
<p>14</p>	<p>Obligations of prospective Policyholder Customer /</p>	<p>a. Due Observance: The due observance and fulfilment of the terms, conditions and endorsements of this Policy so far as they relate to anything to be done or not to be done by the Insured shall be condition precedent to any liability of the Company to make any payment under this Policy.</p> <p>b. Written Communication: Every notice or communication to be given or made under this Policy shall be delivered in writing to the Company.</p> <p>c. Safeguards: The Insured shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business</p> <p>d. Declaration of Employees and Wages: It is clearly agreed and Understood that the Insured shall be bound at all times to declare all Employees and Wages payable in respect of such Employees on the basis of which the Premium for this Policy is calculated.</p> <p>In case of increase in Employees or Wages subsequent to insurance, Insured shall keep the Company intimated and obtain</p>		<p>2.D Conditions</p>

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

Endorsement by payment of necessary additional premium.
The Insured shall as and when require by the Company permit inspection of its records to verify the Wages and Employees and shall also provide duly authenticated copies thereof if so required the Company.

e. Maintenance of record of Employees/Wages: The Insured undertakes to maintain an accurate record of the Employees and Wages in respect of the Business throughout the Period of Insurance, in compliance with all statutory requirements or otherwise, and allow the Company to inspect such records during or upon expiry of this Policy.

Note : The policy shall be void and all premiums paid there-on shall be forfeited to the company in the event of fraud by the policy holder

Disclosure of other material information during the policy period

Material facts for the purpose of this policy shall be mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk

Non- disclosure of material information may affect the claim settlement

Broadly any claim shall be denied subject to following parameters.

- 1.Premium - Whether the premium has been paid on or before Risk Start Date
- 2.Period – Whether the insurance is in force as on date of loss.
- 3.Peril – Whether the cause of loss is covered.
- 4.Property- Whether the property said to be affected is insured.
- 5.Place - Whether the location is covered under the policy,
- 6.Person - Whether the claimant has insurable interest

EMPLOYEE'S COMPENSATION INSURANCE - RETAIL

		Note - Any breach of policy conditions, and claim falling under exclusions shall be the ground for repudiations	
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Declaration by the Policyholder.

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

Place:

Date: _____ (Signature of the Policyholder)

Note:

- i. **Website:** www.universalsompo.com
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.