



Insolvency Liability Risk Insurance Policy

Insolvency Liability Risk Insurance Policy

UIN IRDAN141CPLB0003V02202526

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri East, Mumbai, Maharashtra 400059

Tel: +91 22 022-69155050 **Website:** www.rahejaqbe.com

Email: customercare@rahejaqbe.com

Corporate Identity Number: U66030MH2007PLC173129

IRDA Reg. No. 141

RISK DETAILS

**DIOT SIACI
REFERENCE:** XXXXXXXXXXXXXXXX

TYPE:

INSURED:

CO-INSURED:

PERIOD:

OBLIGOR:

INSURED INTEREST:

**MAXIMUM LIMIT OF
LIABILITY:**

SITUATION:

CONDITIONS:

**CHOICE OF LAW &
JURISDICTION:**

**INSURED
CONTRACT:**

**INSURED
PERCENTAGE:**

POLICY CURRENCY:

WAITING PERIOD:

PREMIUM:

PAYMENT TERMS:

**TAXES PAYABLE BY
INSURED AND
ADMINISTERED BY
INSURERS:**

**RECORDING
TRANSMITTING AND
STORING
INFORMATION:**

**INSURER CONTRACT
DOCUMENTATION:**

**PREMIUM
COLLECTION
CLAUSE:**

**SETTLEMENT DUE
DATE :**

**SPECIAL
CONDITIONS:**

INFORMATION PACK

- 1.
- 2.
- 3.
- 4.
- 5.

Insolvency Liability Risk Insurance Policy
UIN IRDAN141CPLB0003V02202526

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

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PREAMBLE

Whereas the Insured and the Obligor have signed a contract (the Insured Contract) for the supply of the Goods/Services as defined in the Risk Details, and

Whereas the Insured has signed for Insurers an Application Form, which shall form the basis of this Policy.

The Insured has no knowledge of any occurrence likely to give rise to a potential loss under this Policy.

The Insured acknowledges being fully aware of, and agrees to comply with the provisions laid down in the General Conditions.

In consideration of the premium stated in the Risk Details, this Policy is to indemnify the Insured on a **first loss basis** for the Insured Percentage of its Ascertained Net Loss (as hereinafter defined) up to but not exceeding the Policy Limit, sustained solely and directly in consequence of the occurrence during the Policy Period of one or more of the Insured Events.

GENERAL CONDITIONS

1. INSURED EVENTS

1.2.1 INSOLVENCY ONLY

“Insolvency” means, in respect of an Obligor, the occurrence of any of the following events under the laws of its jurisdiction of incorporation/organisation (or domicile):

- (a) the commencement of any bankruptcy, insolvency, liquidation, winding-up, administration, receivership or analogous proceeding in respect of the Obligor, including by way of the filing or presentation of any petition, application or similar request to a competent court or authority;
- (b) the making of any order for, or the opening of, any such proceeding; or
- (c) the appointment of any liquidator, administrator, receiver, trustee or similar officer in respect of the Obligor or any material part of its assets.

2. EXCLUSIONS

2.1 Insolventcy and/or Financial Default

Excluding any loss arising from insolventcy of the Insured.

2.2 Institute Radioactive Contamination, Chemical, Biological, Bio-Chemical and Electromagnetic Weapons Exclusion Clause

This clause shall be paramount and shall override anything contained in this insurance inconsistent therewith.

In no case shall this insurance cover loss, damage, liability or expense directly caused by, or contributed to by, or arising from:

- a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel, or**
- b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof, or**
- c) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter, or**
- d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes, or**
- e) any chemical, biological, bio-chemical, or electromagnetic weapon.**

2.3 Material Default by the Insured

Excluding any loss arising from material default by the Insured in the performance of its obligations under the Insured Contract, except where such default arises as a consequence of an Insured Event.

2.4 Contract disputes

In the event that the Obligor formally claims in writing that the Insured is in breach of its obligations under the Insured Contract, no loss resulting from or forming the subject matter of such dispute shall be indemnified by Insurers, unless, and until, either the Obligor

has withdrawn from such dispute, or such dispute has been settled in accordance with the arbitration and dispute settlement provisions of the Insured Contract by a final and binding court decision or arbitration award, or otherwise settled with prior agreement of Insurers, such agreement not to be unreasonably withheld.

This clause does not apply where such alleged breach of the Insured's obligations arises as a direct consequence of an Insured Event.

3. OBLIGATIONS OF THE INSURED

3.1 Contract Effective

At the time of Policy entry into force here above, the Insured Contract is signed and properly executed by all parties thereto, and is in force **falling which its rights under the Policy shall be forfeited**.

3.2 Contract Alteration

The Insured will not agree to any material alteration or amendment to the terms and conditions of the Insured Contract, and/or Debt Instrument and/or Guarantee as described to Insurers, without the prior written consent of Insurers, **falling which its rights under the Policy shall be forfeited**, unless such amendment or alteration will reduce the exposure under the contract. Insurers will answer within 10 working days; if no answer is given in this time frame, the answer will be considered as an approval given to the Insured.

The Insurers understand that during the execution of the Insured Contract, the Insured may be asked by the Obligor for changes to the contract that do not modify Insurers' risk appraisal.

3.3 Legally Enforceable Indebtedness

At the time of Policy entry into force here above, the Insured has established, and will use all best endeavours to maintain throughout the Policy Period, a legally valid and enforceable indebtedness in the Obligor's Country as evidenced by the Insured Contract **falling which its rights under the Policy shall be forfeited**.

3.4 Confidentiality

Subject to applicable law, the Insured shall not disclose the existence of this Policy, at any time, including but not limited to following any date of occurrence of a loss hereunder, or following the expiry date of this Policy, to any Third-Party other than its own affiliates, professional and/or financial advisers and, where applicable, potential financing partners and the Loss Payee (on a confidential basis) without the prior written consent of Insurers.

3.5 Observation of Laws

The Insured has observed and complied with, and will continue to observe and comply with, in relation with the Insured Contract, all laws and regulations of the Insured's Country and the Obligor's Country of which it should reasonably have been aware, **falling which its rights under the Policy shall be forfeited**, unless prohibited from so complying by a law, order, decree or regulation in force in the Insured's Country or any Third-Party Country after the inception of the Policy.

3.6 Due Authority

At the time of Policy entry into force here above, the Insured has obtained due authority and licenses, to perform the Insured Contract in all material respects under laws and regulations of the Obligor's Country and the Insured's Country, and that all reasonable measures have, and will be, taken to ensure their validity for the duration

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of the Policy Period **falling which its rights under the Policy shall be forfeited**

3.7 Due Diligence and Subrogation

The Insured shall at all times use due diligence and do and concur in doing all things reasonably practicable to avoid any loss herein insured and/or diminish the effects of the occurrence of an Insured Event herein defined.

The Insured shall, at the request of Insurers, do and concur in doing and permit to be done all such things as may be necessary or reasonably required by Insurers for the purpose of enforcing any rights and remedies, or of obtaining relief or indemnity from other parties to which Insurers shall be or would become entitled or subrogated upon their paying for any loss under this Policy, whether such acts and things shall be or become necessary or required before or after payment is made hereunder by Insurers to the Insured.

All costs associated with compliance with this clause prior to Insurers' agreement to indemnification hereunder, including those that are incurred by the Insured in minimising any potential loss, shall be for the Insured's account. After Insurers' agreement to indemnification, all subsequent costs shall be divided in the same proportion as Insurers and the Insured share in the loss.

3.8 Onus of Proof

In any claim, and/or any action, suit or proceeding to enforce a claim for loss under this Policy, the burden of proving that the loss is recoverable under this Policy shall be on the Insured. The burden of proving that an exclusion applies shall be on the Insurers.

3.9 Uninsured Percentage

The Insured shall bear the uninsured percentage of the Ascertained Net Loss and/or the deductible where applicable hereunder at its own risk and uninsured **falling which its rights under the Policy shall be forfeited**.

3.10 Examination of the Insured

If required by Insurers, in the event of a claim or pre-claim situation, the Insured shall submit to examination under oath, and shall use its best endeavours to answer all relevant questions put to it by Insurers or their representatives, and shall produce information for examination.

4. OBLIGATIONS OF THE INSURERS

4.1 Extension of Policy Period

Obligor

4.1.1 Extension of the completion period of the Insured Contract

In the event that the period of the said contract is extended in conformity with the provisions of article 3.2 beyond the originally agreed contractual dates due to:

- neglect by Obligor or action of the government of the Obligor's country against the Obligor or the Insured or,
- Force Majeure as defined in the said Contract, or
- actions taken by the Insured to avoid or minimise a potential loss,

Insurers hereby agree to extend the original Policy Period for a period of up to eighteen (18) months subject to a pro rata additional premium due as specified in the Risk Details or as otherwise agreed between the Insured and the Insurers.

4.2 Insurers Confidentiality

The Insurers shall not release any non-publicly available information received from or for the account of the Insured to any Third-Party other than to its shareholder, employees, directors, advisors or re-insurers who agree to keep such information strictly confidential other than where they are required to do so by law, or in case of application of the article 7.2 below.

4.3 Run-off

In the event that at any time during the Policy Period the Insurers cease underwriting the risks covered under this Policy - the Insured has the option to replace the Insurers with alternative security, providing they advise the Insurers 2 weeks prior to the effective date of changing the security. In such a case, the Insurers ceasing underwriting will be obliged to return any unearned premium which is due to the Insured, and the Insured shall be obliged to pay the Insurers any premium, including adjustment premium, which has been earned but not paid.

In the event there are any notified, reserved or paid circumstances or claims, the entire premium shall be deemed fully earned unless the Insured withdraws such circumstance or claims and reimburses the Insurers for any payments made under the Policy. Any return or premium shall also be subject to a written full release of liability from the Insured.

5. IN CASE OF A LOSS

5.1 Prompt Notice of Loss

Upon the discovery of any event likely to give rise to a claim under this Policy, the Insured shall promptly give notice thereof to Insurers hereon.

5.2 Date of Loss

The Date of Loss, is the date on which shall occur during the Policy Period, except for Arbitration Award Insured Event, an Insured Event.

5.3 Assessment of Loss

Insurers will assess promptly any claim arising hereunder on presentation of a reasonable, satisfactory proof of loss. They may use a Loss Adjuster to ascertain the Loss.

The premium paid hereunder is deemed not to be an expense of the Insured in the assessment of any claim hereunder.

5.4 Ascertained Net Loss

Obligor

5.4.1 Non-payment Event

In the event of a claim arising after the establishment of a legally enforceable payment obligation under the Insured Contract, the Date of Loss shall be the date where any such amount is due under the Insured Contract.

The Insured's Ascertained Net Loss, subject to the Deductions specified below, shall be assessed as sums due under the Insured Contract at the Date of Loss which remain unpaid at the expiry of the Waiting Period.

5.4.2 Arbitration Award

In the event of a claim arising under Insured Event "Arbitration Award", the Date of Loss is the date where the amount due to the Insured following an arbitration award or court judgement becomes due for payment.

The Insured's Ascertained Net Loss, subject to the Deductions specified below, shall be assessed as the amount of the arbitration award and/or court judgement in favour of the Insured, which remains unpaid after 30 days, at the expiry of the Specific Arbitration Award Waiting Period.

5.4.3 Deductions:

- i) any amount which, prior to payment of a claim by Insurers hereunder, the Insured has received from any source which reduces the Ascertained Net Loss, including realisation of any security except where such amounts have been taken into consideration in the said award or judgement.

5.4.4 Policy Limit

Notwithstanding any of the foregoing, any claim payable hereunder shall not exceed the Policy Limit, as detailed in the Risk Details.

5.5 Payment of Net Loss

In the event of a loss, the Insured shall submit a proof of loss form including supporting documentary evidence as specified. The Insured shall also supply additional information and/or evidence that Insurers or their representatives reasonably require and which is necessary for a proper evaluation of the claim, it being noted and agreed that the Insured shall only be responsible for providing additional evidence that is available to it (or would be available to it using reasonable endeavours) and capable of being made available by the Insured to the Insurers.

Any valid claim under this Policy is due and payable to the Insured by the Insurers at the expiry of the Waiting Period, which shall commence from the Date of Loss or from the date of first advice to Insurers if such advice is made to Insurers more than 60 days from the Date of Loss.

The Insurers shall make their best effort to make a determination regarding the Insured's claim promptly following the date upon which the Insured had provided all evidence, as reasonably required by the Insurers, to prove the claim.

The payment of any Net Loss will be made promptly but in no event more than 30 days following the date the Insurers have calculated the amount of Net Loss they have agreed to pay.

Notwithstanding anything to the contrary expressed herein, the specific Waiting Period in respect of the non-honouring of an arbitration award and/or court judgement shall be 30 days commencing from the date such award or judgement is due for payment.

5.6 Non-Contribution Clause

This insurance does not cover any loss or damage which, at the time of the happening of such loss or damage, is insured by, or would, but for the existence of this Policy, be insured by any other existing policy or policies, except in respect of any excess beyond the amount which would have been payable under such other policy or policies, had this insurance not been effected. The insurance of other exposures under the Insured Contract in excess of or in addition to the coverage provided hereunder, shall not be effected without the prior approval of Insurers hereon.

5.7 Recoveries

After payment of a claim, the Insured Percentage of all subsequent salvage and recoveries made by the Insured in respect of their Ascertained Net Loss under the Insured Contract and/or Bond shall inure to the benefit of Insurers. The Insured hereby acknowledges that it holds the Insured Percentage of any and all such recovered sums in trust for Insurers, and that it will pay the Insured Percentage of any and all such sums so received to Insurers forthwith upon receipt by them and/or by any person on its behalf.

5.8 Loss Payee

Loss, if any, payable, upon written request by the Insured, to Loss Payees as declared, as their interests may appear.

This Loss Payee clause shall in no manner or wise be construed as a separate agreement between Insurers and the beneficiary but only as a simple appointment of the beneficiary by the Insured to receive payment as its interest may appear from any funds which Insurers agree to pay to the Insured in the event of any loss or from any judgement granted to the Insured.

This Loss Payee clause is issued by Insurers with full reservation of their rights to disclaim coverage under the Policy for any breach by the Insured of the terms and conditions of such Policy instanced prior or subsequent to the inception of this Loss Payee clause and without prejudice to such rights.

This Loss Payee clause is in no manner or wise to be construed as a representation by Insurers to the beneficiary to induce the latter to extend credit or make loans to the Insured.

6. GENERAL

6.1 No Prior Knowledge

Insurers shall not be exposed to liability under this Policy and the Insured shall have no rights hereunder unless:

(i) at the time of inception of this Policy, and at the time of any amendment hereto, the Insured was not in breach of any obligation at law in regard to non-disclosure or misrepresentation, and further

(ii) at the time of inception of risk hereunder, and at the time of any amendment thereto, the Insured had no knowledge and had received no information of any matter, fact or circumstance which could give rise to a loss hereunder.

Performance of these obligations shall be a necessary pre-requisite to cover under this Policy, and in any proceedings by the Insured hereunder, or between the parties hereto, the burden shall in all circumstances be upon the Insured to establish that these obligations have been complied with.

6.2 No Cancellation and No Return of Premium

Any cancellation of this Policy with return of premium for short interest (including following reductions in exposure, Policy Period or risk) requires Insurers' written approval.

The Insurer may terminate the Policy when the premium due under this Policy is unpaid.

6.3 Non-Assignment

The Insured shall not assign or transfer this Policy, or the benefits or obligations thereof, to any other party or person, provided always that the Insured can, with Insurers' prior agreement, require any payments hereunder to be made to a named Loss Payee, all the Insured's obligations under this Policy remaining unaffected.

The Insurers shall not assign or transfer this Policy, or the benefits or obligations thereof, to any other party or person without the Insured's prior written agreement, such agreement not to be unreasonably withheld.

6.4 Headings

Headings in this Policy are included herein for convenience of reference only and shall not constitute a part of this Policy.

6.5 Fraud

This Policy will become null and void and all claims thereunder will be forfeited if the Insured has made any material statement, report, application, or claim, where the Insured knew that the statement, report, application or claim was false or fraudulent.

6.6 Sanctions Clause

In relation with the Insured Contract, 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 or United States of America.

6.7 Cyber Risks

This Policy does not contain a specific **Cyber Act** or **Cyber Incident exclusion**, therefore a Loss due to a **Cyber Act** or a **Cyber Incident** will be payable subject to all of the terms, conditions, warranties and exclusions of this Policy.

Definitions

Cyber Act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

Cyber Incident means:

- 1.1 any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System**; or
- 1.2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

Computer System means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

7. GOVERNING LAW, JURISDICTION AND ARBITRATION

7.1 Governing Law

Any interpretation of this Policy relating to its construction, validity or operation shall be made in accordance with the laws of India. The parties agree to submit to the non-exclusive jurisdiction of the courts of India

7.2 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 with any statutory amendments thereto.

The Governing law will be India.

INSURERS UNDER ABOVE POLICY

The liability of an Insurer under this Policy is several and not joint with the other Insurers party to this Policy.

Insurers Represented by:	Limit	%	Policy number - stamp - signature

LEGAL INFORMATION ABOUT INSURERS' REGULATORS

THE INSURED

Represented by	
Title	
Place	
Date	

Signature and stamp	
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Grievance Redressal

We shall take all steps to settle **your claim** in accordance with **policy** terms and conditions. **However**, since the **policy** does not cover all eventualities, there may be disagreement **between us** about the **policy**. For resolution of such disputes **We** have developed an elaborate Grievance Redressal Mechanism.

At the **Insured's** request, the **claim** will be considered afresh by **our** Grievance Committee. If the **Insured** is not satisfied with the decision of the Grievance Committee, the **Insured** may approach the offices of the Insurance Ombudsmen as listed out in **Annexure A** to this **policy**. In case of a complaint or grievance, **We** may be contacted for redressal of the grievance on the following details:

Website: www.rahejaqbe.com

E-mail: complaints@rahejaqbe.com

Telephone: 1800-102-7723 (Toll Free)

Fax : 022- 42313777

Post/Courier: Any branch office or the correspondence address, during normal **business hours**

If **You** are not satisfied with redressal of the complaint/grievance through one of the above channels, **you** may contact **our** Grievance Officer at:

The Grievance Cell,

Claims Manager

Fulcrum, 501 & 502, A wing, 5th Floor, International Airport Project Road,
Sahar, Andheri East, Mumbai – 400059

If **You** are not satisfied with **our** redressal of complaint/grievance through one of the above channels, **You** may approach the nearest Insurance Ombudsman for resolution of the grievance/complaint

Annexure – I

Office of the Ombudsman	Contact Details	Jurisdiction

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@ecoi.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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.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 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh and Chhattisgarh
Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.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 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Chandigarh.
Chennai	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu and Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Delhi.

	Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	
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@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of the Territory of Pondicherry.
Jaipur	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.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 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
Kolkata	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, , Sikkim, and Andaman and 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 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.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.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	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.
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198,	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai

PUNE	N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Metropolitan Region
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