

ERRORS & OMISSIONS INSURANCE POLICY POLICY WORDINGS

REGISTERED & CORP OFFICE:

Universal Sampo General Insurance Company Limited:

8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063.

Contact US:

24/7 Customer Care: Toll free Nos: 1800 - 22- 4030 or 1800-200-4030

Email: contactus@universalsampo.com

Website: www.universalsampo.com

IRDAI Registration Number:134

CIN: U66010MH2007PLC166770

In consideration of the payment of premium and based on the information contained in the Proposal and all other documents accompanying it, **We** agree, subject to all the terms and conditions of the **policy**, to provide coverage as follows:

A. Insuring Clause

We shall indemnify **Your** legal liability arising as a result of any **claim** first made against **You** and notified to **Us** during the **period of insurance**, based solely on **Your** provision of the **professional services** within the Territorial Limits specified in the **schedule**.

B. Limit of Indemnity

The amount stated in Limit of Indemnity of the **schedule** shall be **Our** maximum aggregate Limit of Indemnity under this **policy** in respect of **Your** legal liability, directly or indirectly arising out of or in connection with:

- i. all **claims** for which this **policy** provides coverage, regardless of the time of payment by **Us**;
- ii. **costs and expenses** shall be part of and not in addition to the Limit of Indemnity and payment of **costs and expenses** by **Us** shall reduce such Limit of Indemnity.
- iii. each sub-limit of indemnity is the maximum amount **We** will pay within the Limit of Indemnity under this **policy** for any **claim** in respect of any insurance covers or extensions to which it applies. Any subsequent endorsement / extension shall be part of, and not in addition to the Limit of Indemnity as stated in the **schedule**.
- iv. if the Limit of Indemnity is exhausted by the payment of **claim** or **claims** arising during the **period of insurance**, all **Our** obligations under this **policy** shall be completely discharged and the premium shall be fully earned.

C. Policy Definitions

1. **Claim or Claims** shall mean:
 - a) receipt by **You** or on **Your** behalf, of any written or verbal notice of demand for compensation made or to be made by a third party against **You**; or
 - b) any writ, statement of claim, summons, application or other legal or arbitral process, cross-claim, counter-claim or third-party notice served on **You**
2. **Costs and expenses** shall mean the reasonable expenses necessarily incurred by **You** or on behalf or by **Us** in the investigation, settlement or defence of a **claim** and shall include legal costs and disbursements.
3. **Employee** means any person, other than **Your** director or partner, who is or has been under a contract of employment or apprenticeship or any work experience or similar scheme with **You**, solely in connection with the **professional services** provided by **You**. This definition does not include **sub-contractors**.
4. **Deductible** means the amount shown as such in the **schedule**, which shall be **Your** responsibility, as applicable in respect of each **claim** or each request for indemnity under the **policy** and shall also apply to all extensions of Cover (unless otherwise stated therein).
5. **Documents** shall mean deeds, wills, agreements, maps, plans, books, letters, policies, certificates, forms or documents of any nature whatsoever, whether written, printed, or reproduced by any method including computer records or electronic data material except money, negotiable instruments, bearer bonds or coupons stamps, bank or currency notes or any other form of negotiable instrument.
6. **Family member** means **Your** spouse, former spouse, partner, parent, child, grandparent, aunt, uncle, niece, nephew, cousin or sibling.
8. **Period of insurance** means the Policy Period stated as Item 4. of the **schedule** and any extension thereof, which may be agreed in writing between **You** and **Us**.
8. **Bodily injury** means and includes any
 - a) bodily injury, sickness, disease, death or disability;

- b) physical or mental stress, trauma or nervous shock and any consequences thereof, including but not limited to post traumatic stress disorder, anxiety, neurosis or phobia of any description;
 - c) false arrest, false imprisonment, wrongful detention, malicious prosecution, embarrassment and/or humiliation
9. **Policy** means the following documents:
- a) this document,
 - b) the proposal form,
 - c) the **schedule**,
 - d) any certificate of insurance
 - e) any endorsements
10. **Pollutants** means any type of matter, substance or ecologically harmful contaminant including, but not limited to oil, smoke, vapour, soot, fumes, fungi, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
11. **Professional services** mean any professional services provided by **You** in **Your** profession, business or occupation as specified Item 2. of the **schedule**. It does not include **Your** acting in a capacity as a director or officer.
12. **Property damage** means physical injury to or destruction of tangible property, including the resultant loss of use of that damaged or destroyed property and any consequential losses resulting therefrom.
13. **Retroactive date** means the Retroactive date specified as such in the **schedule**.
14. **Schedule** means the schedule attaching to and forming part of this **policy**, including any schedule substituted for the original schedule.
15. **Sub-contractors** mean independent consultants or sub-contractors who provide services to **You** under a written contract. This definition does not include any **employee**
16. **Subsidiary company** means any company or other legal entity over which the Insured exercises effective governance or control or in respect of which the Insured directly or indirectly:
- a) controls the composition of the board of directors; and/or
 - b) controls more than half of the voting power; and/or
 - c) holds more than half of the issued share capital or other ownership of the entity
17. **Us, We, Our** means Universal Sampo General Insurance Company Ltd.
18. **You, Your, Yours** mean:
- a) the sole practitioner, partnership, legal entity, company or corporation specified in the **schedule** as the Insured;
 - b) any past or present **employee** of **Yours** acting within the scope of their employment in the provision of **Your professional services**

D. Policy Exclusions

This insurance does not apply to:

1. Prior and pending

Any **claim** made against or in any way intimated to **You** prior to the commencement of the **period of insurance** or directly or indirectly arising from or attributable to:

- i. any facts or circumstances of which **You** were aware or of which a reasonable person in the circumstances would have been aware, prior to the commencement of the **period of insurance**;

- ii. any facts or circumstances reported to **Us** or any other Insurer under any insurance **policy** entered into before the commencement of the **period of insurance**;
- iii. any facts disclosed to **Us** or any other Insurer in any proposal for insurance prior to the commencement of the **period of insurance**.

2. Contractual liability

Any **claim** arising from or in connection with:

- a) any contractual liability or assumed liability, unless **You** would, in any event be legally liable in the absence of such contractual or assumed liability;
- b) any liability assumed by **You** under any guarantee or warranty unless **You** would, in any event be legally liable in the absence of guarantee or warranty.

3. Intellectual Properties

Any **claim** based upon, arising out of, directly or indirectly resulting from, in consequence of unfair competition; passing off or infringement of patent copyright, design, trademark, service mark, trade name or slogan.

4. Pollution

Any **claim** in respect of loss or losses directly or indirectly arising out of:

- a) the discharge, dispersal, release, or escape of **pollutants**,
- b) the cost of removing, nullifying or cleaning up **pollutants**, or
- c) fines, penalties, punitive or exemplary damages arising directly or indirectly out of the discharge, dispersal, release or escape of **pollutants**.

5. Financial Failure & Trading Debts

Any **claim** based upon, arising out of, directly or indirectly caused by or in any way connected with any debt of **Yours** or any guarantee or other undertaking or obligation given by **You** for a debt.

6. Insolvency

Any **claim** made against **You**, where all or part of such **claim** is directly or indirectly based upon or attributable to **Your** insolvency or the insolvency or **Your** suppliers and/or **sub-contractors**.

7. Fraud and dishonesty

- a) any actual dishonest, fraudulent, criminal, wilful or malicious conduct by **You**;
- b) any wilful breach of any statute, contract or duty by **You** or **Your** agent(s).

8. Managerial Liability

Any **claim** directly or indirectly arising from or in connection of **Your** acting in the capacity of a director or officer of a company, association or other legal entity.

9. Employer's liability

- a) any **claim** for any **bodily injury**, sickness, disease, nervous shock, mental disorder or death of any **employee** of **Yours** or for the destruction or loss or damage to any tangible property belonging to an **employee**, including loss of use thereof, arising in the course of their employment;
- b) any **claim** arising out of any obligation **You** may have under any workers' compensation, unemployment compensation, employer's liability, disability benefits law or any other similar law.

10. Aggravated, Punitive, Exemplary damages, Fines or Penalties

Any **claim** arising out of, based upon, attributable to or as a consequence of:

- a) fines, taxes, penalties, exemplary, punitive, liquidated or aggravated damages; or

- b) the return, restitution, or offset of fees, expenses or costs paid to an Insured; or
- c) any other damages deemed uninsurable in law

11. Bodily injury / property damage

Any **claim** in respect of loss or losses arising out of:

- a) bodily injury; or
- b) property damage

suffered or incurred by any entity or person other than as the direct result of **professional services** having been or being performed, undertaken or provided by **You** or on **Your** behalf.

12. Retroactive date

Any **claim** directly or indirectly arising from or in connection with any conduct, act, error or omission which has taken place or is alleged to have taken place prior to the **retroactive date**.

13. USA / Canada exposure

Any **claim** in respect of loss or losses directly or indirectly arising out of or in connection with:

- a) **Your** conduct anywhere within the territorial limits of the United States of America or the Dominion of Canada, their territories or protectorates;
- b) any legal proceedings which are brought before any court or tribunal having actual or purported jurisdiction within the United States of America, the Dominion of Canada, their territories and protectorates against **You**;
- c) the enforcement of any judgment, order or award in or in connection with any proceeding brought before any court or tribunal against **You** having actual or purported jurisdiction within the United States of America, the Dominion of Canada or their territories and protectorates;

14. Terrorism

Any **claim** based upon, arising out of, directly or indirectly resulting from, in consequence of any act of terrorism. For the purpose of this exclusion, Terrorism means an act, 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 organization(s) or government(s) committed for political, religious, ideological or similar purpose including intention to influence any government and/or to put the public, or any section of the public, in fear.

15. Nuclear

Any **claim** based upon, arising out of, directly or indirectly resulting from, in consequence of ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or component thereof.

16. War

Any **claim** based upon, arising out of, directly or indirectly resulting from, in consequence of any act of war, invasion, acts of foreign enemies, hostilities or war-like operation (whether war be declared or not), civil war, mutiny, popular rising, military rising, insurrection, rebellion, revolution, military or usurped power, martial law, confiscation or nationalization or requisition or destruction of or damage to property by or under the order of any Government or public or local authority.

E. General Conditions

1. Other Insurance

If any **claim; costs and expenses**; or any other amounts insured under this **policy** are also potentially insured under any other insurance **policy** or policies, then **You** must advise **Us** at the time of making a **claim** under this **policy**, and provide **Us** with details of such other insurance(s).

This **policy** does not cover any **claim** in respect of which **You** are entitled to indemnity under any other insurance.

2. Change in Exposure

If during the **period of insurance** any of the following changes in exposure take place, **You** must give **Us** immediate written notice of these changes:

- a) a major change in the **professional services** provided by **You** including any change in the territory(ies) where such **professional services** are provided
- b) If **Your** revenues or fee incomes increase by more than 25% of values projected at the time of **policy** inception or renewal
- c) if **You** are a subject of any merger or acquisition

We may then impose additional premium, terms and conditions as the **We** deem necessary.

3. Observance of Policy Terms

The due observance and fulfilment of the terms, provisions and conditions of this **policy** insofar as they relate to anything to be done or not to be done by **You** shall be conditions precedent to **Our** liability under this **policy**.

4. Reasonable Care

You shall take all reasonable steps to prevent any breach of **professional services**.

5. Cancellation

You can cancel the policy at any time during the term, by informing the Company. In case you want to cancel the policy, you are not required to give reasons for cancellation

In such case of cancellation, the Company will refund proportional premium for unexpired policy period 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 retail policyholder.

6. Governing Law

- a) Any interpretation of this **policy** relating to its construction, validity or operation shall be determined in accordance with the laws of India.
- b) All the documents making up this **policy** shall be read together as one contract and any word or expression to which a specific meaning has been attached shall bear the same meaning wherever it may appear.

7. 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. (This clause does not apply to policies bought by individuals)

8. Territorial Limits

The indemnity provided by this **policy** shall apply in respect of:

- i. conduct committed, attempted or alleged to have been committed or attempted within the territory of India;

- ii. **claims** made and actions brought within the territory of India.

9. Jurisdiction

The indemnity provided by this **policy** shall only apply in respect of judgments which are first delivered by, or obtained from a Court of competent jurisdiction in India.

10. Assignment

Neither this **policy** nor the rights it creates may be assigned without **Our** prior written agreement by way of endorsement to this **policy**

F. Claims Conditions

1. Reporting and notice

a) Notice of Claim:

- i. **You** must as a condition precedent to **Your** right to be indemnified under this **policy**, give **Us** written notice as soon as practicable of any **claim** made against **You** or loss for which indemnity is sought.
- ii. Subject to i. above, In the event that this **policy** is not renewed or is cancelled for any reason other than non-payment of premium then **You** may notify the **claim** within a period of 60 days commencing on the day immediately following expiry of this **policy** provided that:
 - (a) **We** will treat that claim as if it had been made **You** and notified during the immediately preceding period of insurance
 - (b) coverage afforded hereunder does not reinstate or increase the Limit of Indemnity or extend the **period of insurance**

b) Notice of Circumstances

If, during the **period of insurance**, **You**:

- i. first become aware of any error, omission, fact or circumstance which is likely to give rise to a **claim**, and
- ii. give **Us** written notice of such error, omission, fact or circumstance, and
- iii. request coverage under this **policy** for any subsequently resulting **claim**, then

We will treat any such resulting **claim** as if it had been made during the **period of insurance**.

2. Defense or Settlement

You must not admit liability for and/or make any offer to or commit or agree to settle any **claim**; or incur any costs or expenses; without **Our** prior consent, which shall not unreasonably be withheld.

3. Cooperation

You must at **Your** own cost, upon **Our** request, give all such information and assistance to **Us** as **We** may reasonably require, **We** shall have the right (but not the obligation) to take over and conduct at any time, in the **Your** name, the defence or settlement of any **claim** brought against **You**, and to **claim** indemnity or contribution at any time in **Your** name, from any party against whom **You** may have such rights.

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

1. Application Form: Completed E&O insurance application provided by the insurer.
2. Financial Statements: Recent financial statements or proof of revenue.
3. Business Plan: Overview of your business operations, including services offered.
4. Claims History: Details of any previous claims made against your business.
5. Contracts and Agreements: Samples of contracts and service agreements used with clients.
6. Risk Management Policies: Documentation of internal policies and procedures to minimize risk.
7. Professional Licenses: Copies of any relevant professional licenses or certifications.
8. Employee Information: List of employees, including their roles and qualifications.

9. Insurance History: Information about previous E&O insurance coverage, including any gaps.
10. Client List: A list of major clients and the services provided to them.
11. Litigation History: Details of any past or ongoing litigation involving your business.
12. Marketing Materials: Samples of marketing materials that describe your services.

• **Turn Around Time (TAT) for claims settlement (excluding policies issued on the property/ building on reinstatement basis)**

- 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

5. Discharge of Liability

If **We** wish to settle a **claim** and **You** are opposed to such settlement, **Our** total aggregate payments for damages and **claim** expenses under this **policy** shall be limited to the amount by which the **claim** could have been settled in **Our** opinion, but deducting therefrom **costs and expenses** and any other expenses already paid in respect of that **claim**. Thereafter **We** shall be under no further liability in respect of such **claim**.

6. Related Claims

All **claims** arising directly or indirectly out of or in connection with the same source or originating cause shall be considered to constitute a single **claim** for the purposes of the Limit of Indemnity and the **deductible**.

7. Fraudulent Claim

If **You** or anyone acting on **Your** behalf is in any way fraudulent in obtaining any benefit under this **policy**, **We** will deny liability in respect of such **claim**.

8. Subrogation

If **We** grant indemnity under this **policy** in respect of any **claim** then **We** shall be subrogated to any and all rights of recovery accruing to **You** in respect of such **claim** regardless of whether or not any payment has been made or **You** have been compensated in full for **Your** loss. **You** must give all such assistance in the exercise of rights of recovery as **We** may reasonably require. **You** must refrain from doing anything that might prejudice **Our** actual or potential rights of recovery against any party.

We agree not to exercise any such right of subrogation against any of **Your** directors, officers or **employees** unless the **claim** is brought about or contributed to by the dishonest, fraudulent, reckless, criminal or malicious act or omission of such director, officer or **employee**.

GRIEVANCES

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:

➤ **Step 1**

a. Contact Us

1-800-224030/1-800-2004030

b. E-mail Address: Contactus@universalsompo.com

c. Write to us Customer Service Universal Sampo General Insurance Company Limited

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

d. Senior Citizen Number: 1800 267 4030

➤ **Step 2**

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.

Email Us- grievance@universalsompo.com

Drop in Your concern

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

Visit Branch Grievance Redressal Officer (GRO)

Walk into any of our nearest branches and request to meet the GRO

- 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

➤ **Step 3:**

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:

Chief Grievance Redressal Officer

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

For updated details of grievance officer, kindly refer the link <https://www.universalsompo.com/resource-grievance-redressal>

➤ **Step 4.**

Bima Bharosa Portal link : <https://bimabharosa.irdai.gov.in/>

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.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>

Note: Grievance may also be lodged at IRDAI <https://bimabharosa.irdai.gov.in/>

The contact details of the Insurance Ombudsman offices are as below-

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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
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	Madhya Pradesh Chattisgarh.
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	Odisha
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 - 4646394 / 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,	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

<p>Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</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>
<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@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</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@cioins.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 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</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,</p>

	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.: 69038800/27/29/31/32/33 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 Email: bimalokpal.noida@cioins.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, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, 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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.