DRAFT

URN: Applicable for co-insurance where ICICI Lombard is Leader.

ICICI Lombard General Insurance Co. Ltd

Proposer Details	
Name of the Client	IRIS Business Services Ltd
Location of Proposer	MAHARASHTRA
Industry Type	IT/ITES/Software
Broker	NA
Quote Id	4016/GH-20230429/069214/00/000
Date	25/May/2023

Policy Details	
Floater/Non-Floater	Floater
Family Definition	Employee+Spouse+2 Children
No. of lives	854
GST From State	MAHARASHTRA
GST To State	MAHARASHTRA

Premium Details	
Gross Premium	2,720,000
Stamp Duty	0.5
Premium Payable (after tax)	**3,209,600**

Policy Coverages	
Pre existing Disease	Covered
Domiciliary Hospitalization	Excluded
30 Days Waiting Period	Waive Off
First year exclusion	Waive off
9 months waiting period	waived off
Third party Administrator	I-HealthCare
No of Employees	406
No. of Dependents	448
Total SI	121,800,000
Policy Start Date	20-May-2023
Policy End Date	19-May-2024
Product construct	Employer-Employee
Service Category	Both (Cashless & Reimbursement)
Applicability	IPD
IPD Claim Intimation Period	30 DAYS

Policy Conditions	
Pre-Post Hospitilization	Pre Hospitalisation and Post Hospitalisation for 60 days & 90 days respectively are covered.
Sum Insured	SI is restricted to Rs. 3L Per Family during the policy period as per annexure attached herewith.
Room Rent	2% of SI max upto 3500 for Normal and 4% of SI max upto 7000 for ICU (inclusiveof nursing charges).
Age Band	1 day to 65 years only
Family Definition	Employee+Spouse+2 Children
Maternity Benefit	For Metro - 50,000 for Normal & 60,000 for C-Section For Non Metro - 30,000 for Normal & 40,000 for C-Section
Baby Day 1	Baby covered from 1 day Upto the family SI
Add-Del of Lives	Premium to be charged on Pro rata Basis for addition/deletion endorsement.
Ambulance Service	Ambulance Charges limited to Rs.2000 Per Person
Disease wise sublimits	No sublimit
Id cards	Physical Health Card to be issued
Mid-Term Inclusion	Mid term inclusion of dependents will be possible only in case of: a) spouse (on account of marriage during the policy term) b) children (childbirth during the policy term but after the child has completed 91 days of age) subject to not more than 2 children being covered under the Policy

Special Condition	No Refund for deletion-if lives less than minimum required & if insured has claimed during policy
Special Condition	Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its discretion consider waiver based on merits of the claim, where there is delay in intimation or in submission of documents due to unavoidable circumstances and it is proved that the delay was for reasons beyond the control of the insured and under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.
Exclusion	Lasik Surgery, Septoplasty, Infertility & Related Ailments incl.Male sterility;Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.



Special Condition	Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs.30,000; 50% Co-Pay for cyberknife treatment/Stem Cell Transplantation. Cochlear Implant treatment shall be restricted to 50% of the SI.
Special Condition	The Policy covers Reasonable and Customary Charges incurred towards the medical treatment taken by the Insured Person during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document.

Demography											
Sum Insured	3M-18	19-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	Above 80	**Total**
300,000	212	402	210	24	5	1	0	0	0	0	**854**
Total	**212**	**402**	**210**	**24**	**5**	**1**	**0**	**0**	**0**	**0**	**854**

RATES FOR ENDORSEMENT (Per Life)										
Sum Insured	**3M-18**	**19-35**	**36-45**	**46-55**	**56-60**	**61-65**	**66-70**	**71-75**	**76-80**	**Above 80**
300,000	2,069	3,273	3,610	5,582	12,247	12,247	13,741	15,597	16,688	20,860

Grievances

In case the Insured is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours. If the situation so arises that, no reply is received from the Company within one month or the insured is not satisfied with the reply of the company, Insured may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of his/ her grievance. The details of Insurance Ombudsman is available at IRDA website: www.irdaindia.org, from the website of General Insurance Council : www.generalinsurancecouncil.org.in or from the office of the Company

Quote Validity: Quote is valid for 30 days. Quote is liable to change with change in info.

The quote is valid if the client gives us in writing on proposal form duly signed & stamped regarding claims paid, o/s and closed as on 1 Apr 2023 is 2,151,390/- in expiring policy. If there is any variation in claims as provided now and in proposal form, the premium is subject to change..

Undertaking:

I/We hereby confirm that the particulars of the prospect/risk mentioned in this quotation are those provided by me/us to ICICI Lombard General Insurance Company Limited (Insurer) for the purpose of the requested risk coverage. I/We further confirm that the derivation of the premium in the Quotation is in accordance with the risk coverage required by us from the Insurer. I/We also understand that the copy of this quotation duly signed by me shall for all purposes be treated as my/our proposal for Insurance and the required insurance policy shall be issued by the Insurer on the basis of the details as mentioned in this quotationtreated as my/our proposal for Insurance and the required insurance policy shall be issued by the Insurer on the basis of the details as mentioned in this quotation

I/We, the undersigned be and hereby confirm that we are in compliance with the provisions pertaining to Guidelines on Group Insurance Policies issued by the Authority vide ref. no. 015/IRDA/Life/Circular/GI Guidelines 2005 dated July 14, 2005, as amended from time to time, and ensure that we shall continue to be in compliant with its provisions at all times.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required.

Are you or any of the proposed applicants a PEP* or a close relative of a PEP*? : No

Details :



*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

Note:

Coverage of risk is subject to realization of premium by the Company. Insurance coverage under the Policy will commence only on realization of full premium, receipt of complete reports (wherever applicable) and subject to underwriting approval by the Company. In case premiums not realized by the company due to any reason, company shall not be on cover and contract of insurance shall be treated as void ab-initio. Excess payment, if any, will be refunded without any interest on receipt of required documents as necessary or will be utilized in future policy issuance. refunded without any interest on receipt of required documents as necessary or will be utilized in future policy issuance.

Note:

In case of renewal of the policy, policy benefit and terms & conditions of policy including premium may be subject to change.

Client email Id	
PAN no/TAN no	
Authorized signatory	
Name	
Designation	
Contact Number	
Signature	

STATUTORY WARNING

PROHIBITION OF REBATES

Section 41 of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015

1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Registered Office:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple,
Prabhadevi,

IRDA Reg. No. 115

Toll free No. : 1800 2666

Alternate No.: +919223622666 (chargeable)

Email: customersupport@icicilombard.com

Mailing Address:

401 & 402, 4th Floor, Interface 11,
New Linking Road, Malad (West),

Mumbai - 400 064

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