



## Legal Entity Fact Sheet – Gallagher Insurance Brokers Private Limited

### Company Information

Legal entity	Gallagher Insurance Brokers Private Limited
Registered Address	400051 Unit No. 1801, 18th Floor "One BKC", C Wing, G Block, Bandra Kurla Complex, Bandra (East) Mumbai 400051
Website	<a href="https://www.ajg.com/gallagherre/">https://www.ajg.com/gallagherre/</a>
Telephone	9619127624
General Email	<a href="mailto:enquires@gallagherre.com">enquires@gallagherre.com</a>
Company Type	Private Limited Company
Company (LLPIN/CIN/Form INC-1 Ref) No.	U72200MH2000PTC124096
Incorporation Date	08/02/2000

### Regulator References

Regulator Reference	Insurance Regulatory and Development Authority of India
Regulator's website	<a href="https://irdai.gov.in/brokers">https://irdai.gov.in/brokers</a>
License Held	Composite Broker
Registration Number	CoR no. 295

### Board Membership

Name	Role	Country of Residence
Sanjay Jhanwar	Director	India
Simon Matson	Director	U.K.
Sneha Mishra	Director	India
Matthew William Pike	Director	U.K.
Neha Sengupta	Secretary of the Board	India
Vinay Sohani	Managing Director	India

## Ownership/Shareholders

Name	Shares	Country
Arthur J. Gallagher & Co.	100%	U.S.A

## Attachments

Also attached to this document are details of our:

- **Insurance Brokers Permission Certificate**
- **Professional Liability Certificates**

**Brokers - IRDAI**

Sl No.	CoR No.	Name of the Broker	Address	Phone No	Category of Broker	Principal Officer	From	To	PO E-Mail Id
127	295	गैलाघर इन्स्युरेंस ब्रोकर्स प्राइवेट लिमिटेड Gallagher Insurance Brokers Private Limited	यूनिट नंबर 1801, 18वीं मंजिल "वन बीकेसी", सी विंग, सी ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स, बान्द्रा (पूर्व) मुंबई 400051 Unit No. 1801, 18th Floor "One BKC", C Wing, G Block, Bandra Kurla Complex, Bandra (East) Mumbai 400051	9619127824	संमिश्र ब्रोकर Composite Broker	विनय सोहनी Vinay Sohni	24-Mar- 2023	23- Mar- 2026	po_gallagherindia@ajg.com



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

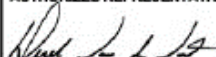
<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 300 S Riverside Plaza Ste 1500 Chicago IL 60606	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 312-704-0100      FAX (A/C, No): 312-803-7443 E-MAIL ADDRESS: certrequests@ajg.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Lexington Insurance Company      NAIC # 19437 INSURER B : XL Specialty Insurance Company      37885 INSURER C : Underwriters at Lloyd's London      15792 INSURER D : INSURER E : INSURER F :	<b>INSURED</b> ARTHJGA113 Arthur J Gallagher & Co. 2850 West Golf Road Rolling Meadows, IL 60008

COVERAGES      CERTIFICATE NUMBER: 728225752      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	Errors & Omissions Excess Errors & Omissions Excess Errors & Omissions			014629885 ELU192671-23 F10121923	10/1/2023 10/1/2023 10/1/2023	10/1/2024 10/1/2024 10/1/2024	Per Claim/Aggregate \$12,000,000 Per Claim/Aggregate \$10,000,000 Per Claim/Aggregate \$13,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coverage Extends to: Gallagher Insurance Brokers Private Limited, 400051 Unit No. 1801, 18th Floor "One BKC", C Wing, G Block, Bandra Kurla Complex, Bandra (East) Mumbai 400051

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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