

SURETY BOND INSURANCE PROPOSAL FORM

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Surety Bond Insurance. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

Note:

1. The liability of the company does not commence until this proposal has been accepted by the company and the premium paid.
2. Information given herein will be treated in strict Confidence. Put a (✓) mark wherever applicable.

Policy Issuing Office Address:

Intermediary/Agent Name:

Intermediary/Agent Contact:

Intermediary Code:

Proposer's Details	
<p>Risk/Risk Group (Contractor, Principal, Obligor) Insured Name: Address: Pin-Code: Mobile No:</p> <p>(Copy to be enclosed in respect of Contractor and Sub- Contractors if any)) GSTIN Number: FGI GSTIN Number:</p>	<p>Certificate of Incorporation/Registration: Memorandum & Articles of Association: PAN No. of the Company/Firm: Udyog Aadhar No: Form 60/61 (if available): CKYC:</p>

Credit Rating Details

Credit Rating Done: Yes No

If done, then Credit Rating Agency Name:

Credit Rating Received Date:

Credit Rating Validity Date:

Are you going to Renew the Credit Rating: Yes No

Details of Risk

1	<p>Joint Venture/Consortium? If yes: Names and shares of the partners, distribution of their responsibilities towards beneficiary and surety (jointly</p>	
---	--	--

	and severally liable up to 100% or for their internal shares only?)							
2	Declaration for Source of Funds for Premium Payment if Premium is more than INR 500000/- and above. Source of funds: (please state % under each head – totaling up to 100%)							
	Salaries	Business Party	House	Capital Gains	Investment	Agriculture	Others	Total
3	Type of Bond Opted			<input type="checkbox"/> Conditional Bond <input type="checkbox"/> Unconditional Bond				
4	Beneficiary Type of Beneficiary (Public or Private?)							
5	Total Bond Value							
6	Underlying Contract/Project/Obligation							
7.1	Description (e.g., type and location of works, main obligations)							
7.2	Contract Date and Contract Value (contract price/ or contract price offered)							
7.3	Period (=Term/Duration)							
7.4	Relevant conditions of the underlying contract/legal requirements (Specific law(s) applicable or unusual contract clauses e.g. on force majeure/acts of God/ political risk/penalties/price variation/escalation, etc.)							
7.5	Additional underlying risk? (e.g.sub-contractor risk: Is part of the contract to be subcontracted and if so, which part and to whom?)							
7.6	Financing sources (Advance payments, external financing, etc.)							
8.1	Bonds to be issued							
8.2	Bond Type(s)			Required for contract/project. <input type="checkbox"/> Bid Bond		Being requested from insured: <input type="checkbox"/> Bid Bond		

		<input type="checkbox"/> Advance Payment Bond <input type="checkbox"/> Retention Bond <input type="checkbox"/> Performance Bond <input type="checkbox"/> Other, please describe	<input type="checkbox"/> Advance Payment Bond <input type="checkbox"/> Retention Bond <input type="checkbox"/> Performance Bond <input type="checkbox"/> Other, please describe
	Confidential (C3)		
8.3	Bond Amount(s): Absolute value and percentage of contract value (Does the bond amount constitute the maximum liability or might it be increased by price adjustments, interests, etc.)?		
8.4	Bond Period(s): (term /duration; for quasi open term bonds please describe the mechanism for renewal/cancellation – can this give reason to call the bond?)		
8.5	Is the Bond required by Law or the Beneficiary?		
9	Collateral (providing access to additional assets): Counter guarantee/parental guarantee (if JV from each JV partner)/co-subscriber on indemnity agreement/cash collateral) (Standard prerequisite: Indemnity Agreement with the Principal!)		
10	Assessment of the Risk/Risk Group/Risk Groups (if JV)	(Please attach a copy of the last 5 annual financial statements, including notes and opinion of the auditors plus interim financials if available) (In case of a JV, analysis of each partner (at least all with a relevant share))	
10.1	'Character': Please provide details on history, ownership, main shareholders, expertise and experience of the management, company/group structure, business overview, main activities, market position, client structure, strategy, expected future development,		

	company specific business risks, industry risk profile etc.						
10.2	'Capacity': Please provide details on technical experience, track record of comparable projects (technology, size), and necessary resources for the project available – esp. considering the order backlog?						
10.3	'Capital': Please provide a note on the financial risk/financial situation (Annual reports)						
11	Further relevant information (e.g.: Are all necessary insurance coverages in place - for example CAR? If yes, which ones and for what amounts? Further parties involved? Environmental, Social or Governance/ ESG risks? Please share a detailed note on this)						
12	Details of Bank Guarantees that have been invoked in the past.						
13	Details of past completed projects in the format captured alongside:	Sr No.	Project Name and location	Project Description	Project Cost (INR Cr)	Project Period	Completion Status (i.e. on time, advance or delayed).
		1.					
		2.					
		3.					
		4.					
14	Details of Financing Arrangements	Type of Facility	Bank/Fl	Amount Approved(INR)	Amount Utilised(INR)		
15	Has any BG/Bond issued to you been invoked in the past						
16	Have you been blacklisted by any Authority/Organization						

Declaration

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR
- "I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."
- iv. I/we am/are (please tick all that are applicable)
- | | | |
|--|--|---|
| <input type="checkbox"/> High Net Worth Individual/s | <input type="checkbox"/> Non-Residential Indian/s | <input type="checkbox"/> Politically Exposed Person/s |
| <input type="checkbox"/> Jeweller/s | <input type="checkbox"/> Non-Governmental Organization | <input type="checkbox"/> Film Actor/s |
| <input type="checkbox"/> Producer/s | | |
- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

For Intermediary Use Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: _____

Intermediary's Code: _____ Intermediary's Signature _____

ANTI MONEY LAUNDERING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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. Any person

making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.
