



**Tata AIG General Insurance Company Limited**  
**CONFISCATION, EXPROPRIATION, NATIONALISATION**  
**PROPOSAL FORM**

**Please tick appropriate box**

- A. Confiscation, Expropriation, Nationalisation Insurance for Permanent Investments.
- B. Confiscation, Expropriation, Nationalisation Insurance for Mobile Equipment located abroad.
- C. Currency Inconvertibility Insurance.

Should answers to any of the following questions require more space than is provided, attachments providing particulars are welcomed, especially in the case where more than one Host Country is involved.

**1. PROPOSER**

- a. Name: \_\_\_\_\_
- b. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- c. Nationality: \_\_\_\_\_
- d. Date and place Proposer established: \_\_\_\_\_
- e. Business of Proposer: \_\_\_\_\_

**2. This section to be completed where the Insurance sought is for a PERMANENT INVESTMENT.**

**I. FOREIGN ENTERPRISE IN WHICH INVESTMENT IS MADE:**

- a. Name: \_\_\_\_\_
- b. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- c. Location of facilities: \_\_\_\_\_
- d. Describe the business of the Foreign Enterprise:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Is this a new or existing enterprise? \_\_\_\_\_
- f. Year of start-up: \_\_\_\_\_

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IRDA Registration No. 108; Pan No.AABCT3518Q  
CIN no. U85110MH2000PLC128425, UIN No : IRDAN108P0009V01200102, Product Code : 6202



g. Year in which Investor became involved in enterprise: \_\_\_\_\_

**II. OWNERSHIP OF FOREIGN ENTERPRISE**

a. Describe ownership of Foreign Enterprise and note any equity participants controlled by governments or their agencies:

EQUITY PARTICIPANT	NATIONALITY	PARTICIPATION%
_____	_____	_____
_____	_____	_____

b. Describe any existing provisions or plans for future divestiture of ownership to local interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. List all foreign or multilateral lenders to the Foreign Enterprise:

Lender	Nationality
_____	_____
_____	_____

**III. INVESTMENT TO BE INSURED**

a. Exposed Investment

i. Investor's equity contribution to Foreign Enterprise \_\_\_\_\_

ii. Investor's share of retained earnings \_\_\_\_\_

iii. Investor's loans to Foreign Enterprise \_\_\_\_\_

(including accrued but unpaid interest)

iv. Investor's guarantees of non-local obligations of Foreign Enterprise \_\_\_\_\_

v. Payable due Investor (average) \_\_\_\_\_

vi. Receivables due from Investor (average) \_\_\_\_\_

vii. Total exposed Investment \_\_\_\_\_

b. Desired limit of Liability \_\_\_\_\_

(Note: The Limit of Liability elected by an Investor in any year can be less than but not greater than Exposed Investment.)

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c. Nature of Investment

i. Form of Investor's equity contribution (cash, equipment, technology, other):

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ii. Form and terms of Investor's debt contribution (notes, letter of credit, etc., maturities):

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iii. Names of guaranteed third parties:

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**IV .OPERATIONS OF FOREIGN ENTERPRISE IN HOST COUNTRY**

Please answer the following questions concerning the Foreign Enterprise's operations in the Host Country. If this is a new enterprise, estimates should be made as to the level of operations after a reasonable start-up period:

a. Breakdown of Foreign Enterprise's assets:

(This information is used for underwriting purposes and not for determining limits of liability).

Cash/Securities	_____
Accounts Receivable	_____
Inventories	_____
Mobile equipment and plant	_____
Fixed plant and machinery	_____
Buildings/Leasehold Improvements	_____
Land	_____
Other assets	_____
<b>TOTAL ASSETS</b>	_____

b. i. What accounting basis is used in determining value of assets (e.g. book, replacement, etc.)?

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ii. Basis of depreciation of assets: \_\_\_\_\_

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c. Foreign Exchange Impact of Foreign Enterprise:

If this is a new enterprise, estimates should be made as to the initial level of operations after start-up.

- i. Total exports as a percentage of annual revenues \_\_\_\_\_%
- Exports to Investor as a percentage of annual revenues \_\_\_\_\_%
- Total imports as a percentage of annual revenues \_\_\_\_\_%
- Imports from Investor as a percentage of annual revenues \_\_\_\_\_%

d. How dependent is Foreign Enterprise on technology inputs from Investor?

\_\_\_\_\_

e. Labour and Management of Foreign Enterprise:

- i. Does the Investor control the management of the Foreign Enterprise?

\_\_\_\_\_

- ii. Number of local nationals in managerial positions:

\_\_\_\_\_

- iii. Number of local national employees:

\_\_\_\_\_

- iv. Number of foreign employees and nationality:

\_\_\_\_\_

- v. Is work force unionised?

\_\_\_\_\_

f. Foreign Enterprise - Host Government Agreements:

- i. Have all documents necessary for legal operations in the Host Country been obtained and are they currently valid?

\_\_\_\_\_

- ii. Have any special agreements been negotiated between the Investor and the Host Country beyond those normally afforded foreign Investors under the investment code of the host country (e.g. excessive tax holidays, monopoly agreements, subsidies, special tariff or quota concessions, etc.)?

\_\_\_\_\_

If so, please describe: \_\_\_\_\_

- g. Describe any effects on the Host Country by the Foreign Enterprise that you consider noteworthy (e.g. impact on local suppliers, local employment, creation of downstream economic activity, training programmes, development of social services, etc.)

\_\_\_\_\_

\_\_\_\_\_

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h. Does Investor have operations in the Host Country other than the subject of this proposal?

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If so, briefly describe \_\_\_\_\_  
\_\_\_\_\_

**3. THIS SECTION TO BE COMPLETED WHERE THE INSURANCE SOUGHT IS FOR MOBILE EQUIPMENT LOCATED ABROAD**

i. Country in which equipment to be insured will be located:

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ii. a. Name and address of entity in Host Country for whom work will be conducted:

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b. Legal status of entity (Private, Govt, Agency, Ministry etc.)

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iii. If equipment to be used for a specific contract, does title pass to Buyer on completion or at any other time:

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iv. a. Who is responsible for insuring the equipment:

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b. Does insurance have to be arranged in the Host Country?

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v. Describe the nature and principal use of equipment while in Host Country:

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vi. How long will equipment be in the Host Country:

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vii. Have all documents necessary for legal operations in the Host Country been obtained?

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- viii. a. Does the Proposer require a re-export license? \_\_\_\_\_  
b. If so, have the necessary licenses been obtained? \_\_\_\_\_  
c. If no re-export license is required has the Proposer obtained all other consents required to re-export the equipment?  
\_\_\_\_\_

d. Has the Proposer ever had problems in obtaining re-export licenses? If so, please give details:  
\_\_\_\_\_  
\_\_\_\_\_

- ix. Who will have physical control of the equipment while in the Host Country?  
\_\_\_\_\_

- x. Description of equipment to be insured:

<u>Kind</u>	<u>Date Purchased</u>	<u>Cost New</u>	<u>Actual Cash Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

(If required, please attach additional pages)

- xi. Method of Depreciation used in calculation of Net Book Value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(N.B. Insurers cannot issue on a new for old basis.)

**4. THIS SECTION TO BE COMPLETED WHERE THE INSURANCE SOUGHT IS FOR CURRENCY INCONVERTIBILITY WHICH IS ONLY AVAILABLE IN ADDITION TO COVERAGE REQUESTED IN SECTION A AND B.**

- i. Has the Proposer experienced any Currency Inconvertibility difficulties in the past with respect to any of its operations or investments in the Host Country?  
\_\_\_\_\_

If so, please specify: \_\_\_\_\_

- ii. a. Have all registrations been duly made and all consents and approvals of Host Government been obtained, which are necessary to enable the Proposer to transfer Local Currency into Policy Currency? \_\_\_\_\_

b. Are said registrations, consents and approvals still valid? \_\_\_\_\_

- iii. a. Does the Proposer have any Currency Inconvertibility Insurance with respect to Local Currency in the Host Country? \_\_\_\_\_

If so, please specify the name of the Insurer and the nature and amounts of coverage:  
\_\_\_\_\_

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iv. How Scheduled Funds will be Generated.

This Currency Inconvertibility Insurance is being sought to cover Scheduled Funds generated from:

- Equity Securities of Foreign Enterprise \_\_\_\_\_
- Debt obligations of Foreign Enterprise \_\_\_\_\_
- Technical Assistance Agreement \_\_\_\_\_
- Management Agreement \_\_\_\_\_
- Other \_\_\_\_\_

Please attach copies of pertinent agreement and repayment schedules.

v. Amount of Coverage

The Proposer should determine the maximum value in Policy Currency of Scheduled Funds to be repatriated during the Policy Period.

- a. Policy Currency Designation: (Indian Rupees, U.S. Dollars, French Francs, etc.):

\_\_\_\_\_

- b. Amount of anticipated repatriation in Policy Currency:

- i. Equity Investment \_\_\_\_\_
- ii. Dividends/Profits \_\_\_\_\_
- iii. Principal \_\_\_\_\_
- iv. Interest \_\_\_\_\_
- v. Technical Assistance Fees \_\_\_\_\_
- vi. Management Fees \_\_\_\_\_
- vii. Other fees/Payment \_\_\_\_\_

- c. Total amount of coverage desired: \_\_\_\_\_

(i.e. total amount of Policy Currency to be remitted during course of policy year; value of Equity Investment to be included only if investment to be disposed of during course of policy year.)

vii. Operations of Foreign Enterprise in Host Country:

- a. Annual Revenues (expressed in Rupees) of the Local Enterprise are or are estimated to be (please check one):

- i. Under Rs. 10 Million \_\_\_\_\_
- ii. Rs. 10 Million to Rs. 50 Million \_\_\_\_\_
- iii. Over Rs. 50 Million \_\_\_\_\_

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- b. Does the Proposer have any other operations or investments or loans outstanding or contracts with entities in the Host Country besides this Foreign Enterprise?

\_\_\_\_\_

If so, briefly describe: \_\_\_\_\_

viii. General

- a. Were the Proposer to file a request today with the appropriate government agency for the transfer of Scheduled Funds from Local Currency into Policy Currency how long would it take for such a transfer to be made?

Up to 1 month

Up to 2 months

Up to 3 months

Up to .... months

- b. What special arrangements, if any, have been concluded between the Host Government and the Proposer, or the Foreign Enterprise, for the transfer of Local Currency into Policy Currency? Are these transfers subject to any limitations in addition to existing currency regulations? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

**5. THE FOLLOWING QUESTIONS MUST BE ANSWERED AND RELATE TO ALL SECTIONS**

- i. Does the Investor have any knowledge of any facts which might give rise to a claim under the policy? It is agreed that if such knowledge or information exists, any claim arising therefrom is excluded from this proposed policy:
- ii. Are there any unique or unusual aspects in the subject matter of this proposal?

\_\_\_\_\_

If "yes" please give details \_\_\_\_\_

- iii. Has the Proposer, its partner, joint venture, affiliates or subsidiaries ever suffered loss as a result of acts of foreign governments?  
If "yes" please give details \_\_\_\_\_
- iv. Is the Proposer aware of any legislation, pending legislation, discussions, disputes, negotiations or litigations with the Host Government regarding pollution or other environmental impact relating to the Foreign Enterprises? If yes, please explain. (Attach extra pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- v. Has the Proposer ever carried political risk insurance? Yes/No

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Please attach the Proposer's most recent Annual Report and that of the Foreign Enterprise. Other material relating to the Proposer or Foreign Enterprise you may wish to provide is welcome.

The undersigned authorised officer of the Proposer declares that to the best of his knowledge the statement set forth in this proposal are true and no material information has been withheld.

The undersigned agrees that the existence of any policy that may be issued will not be disclosed to the Host Government. All information in this proposal will be treated confidentially by the Company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

Code: \_\_\_\_\_

**Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the

Signature/Thumb impression of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

**AML declaration**

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in preventions of Money Laundering Act, 2002.

2. I understand that the insurance Company has the right to call for documents to establish sources of funds.

3. The insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

**Section 64 VB of the Insurance Act 1938**

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited

**Section 41 of Insurance Act 2015 (Prohibition of rebates)**

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 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 prospectus or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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**Agent Declaration:**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

**License No. (Intermediary/ Corporate Agent/Broker/Relationship):**  
**Name of the specified Person and code**

Signing of this proposal does not bind the undersigned to complete the insurance, but it is agreed that this proposal shall be the basis of insurance should a policy be issued and will be attached to form part of the policy.

Attest: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Broker: \_\_\_\_\_

Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

Date : \_\_\_\_\_

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