POLITICAL RISK INSURANCE FOR LENDERS UIN: IRDAN108P0008V01200102



PROPOSAL FORM

1. INSURED		
a. Name:		
b. Address:		
		ry:
c. Authorized Representative: d. Business Telephone:	Fax:	Email:
2. COUNTERPARTY		
a. Name:		
b. Address:		
		Country:
c. Private or Government entity:		
3. BRIEFLY DESCRIBE THE TRANSACTION	YOU WANT TO INSUR	E
		_
4. INSURANCE REQUIREMENTS		
a. Term of coverage requested: From_		То
b. Limit requested:		
•		
5. WARRANTY		
a. Does the Proposer have knowledge of	of any facts or circum	stances which might give rise to a
claim under the proposed policy? If	yes, attach explanatio	on on additional pages.
It is agreed that if such knowledge or ir		
Company, any claim arising therefrom	may be excluded fror	n the proposed policy.
6. ATTACHMENTS		
Please attach copies of the following do		
a) Copy of applicable or related contract		
b) Copy of the financing instrument (lo	an agreement, L/C, P	-Notes, etc.)
c) Copy of any guarantee, if applicable		
d) Copy of Proposer and Borrowers late	est available financial	statements

e) Any other documentation relevant to understanding the transaction or the risks

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Declaration

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 Proposer:
Name & Signature of agent/intermediary:

AML declaration

- 1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- 2. I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

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.

Tata AIG General Insurance Company Limited

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Agent Declaration:



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.

l,	(Full Name) in my capacity	
as an Insurance Advis	sor/ 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, include	ding the nature of the questions contained in this Proposal Form to the	
Proposer including s	tatement(s), information and response(s) submitted by him/her in this	
Proposal Form to que	estions contained herein or any details sought herein will form the basis of	
the Contract of Insura	ance between the Company and the Proposer, if this Proposal is accepted by	
the Company for issue	ance of the Policy. I have further explained that if any untrue statement(s)/	
information/response	e(s) is/are contained in this Proposal Form/including addendum(s), affidavits,	
statements, submission	ons, 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 poli	icy issued to his/her favor pursuant to this Proposal may be treated by the	
·	d void and all premiums paid under the Policy may be forfeited to the	
company.		
<u>License No. (Intermediary/ Corporate Agent/Broker/Relationship):</u>		
Name of the specified Person and code		
Signed: _		
Title: _		
Corporation: _		
Date: _		
The above authorized	officer of the Proposer declares that, to the best of his/her knowledge, the	
	n this Proposal are true and no material information has been withheld.	

SIGNING OF THIS PROPOSAL DOES NOT BIND THE ABOVE TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED AND WILL BE ATTACHED TO AND FORM PART OF THE POLICY.