



Tata AIG General Insurance Company Limited

PROPOSAL FOR POLITICAL RISK INSURANCE FOR LENDERS

1. INSURED

- a. Name: _____
- b. Address: _____
 _____ Country: _____
- 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 INSURE

4. INSURANCE REQUIREMENTS

- a. Term of coverage requested: From _____ To _____
- b. Limit requested: _____

5. WARRANTY

- a. Does the Proposer have knowledge of any facts or circumstances which might give rise to a claim under the proposed policy? If yes, attach explanation on additional pages.

It is agreed that if such knowledge or information exists and has not been notified to the Company, any claim arising therefrom may be excluded from the proposed policy.

6. ATTACHMENTS

Please attach copies of the following documents:

- a) Copy of applicable or related contracts
- b) Copy of the financing instrument (loan agreement, L/C, P-Notes, etc.)
- c) Copy of any guarantee, if applicable
- d) Copy of Proposer and Borrowers latest available financial statements
- e) Any other documentation relevant to understanding the transaction or the risks



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 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.

TATA AIG General Insurance Company Limited

Regd. Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India.

TEL +91-22-66699696 FAX +91-22-66546464; Tata AIG Helpline 1800-266-7780

IRDA Registration No. 108; CIN no. U85110MH2000PLC128425, Pan No.AABCT3518Q; website: www.tataaig.com

UIN : IRDAN108P0008V01200102, Product Code : 6202



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.

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

Signed: _____

Title: _____

Corporation: _____

Date: _____

The above authorized officer of the Proposer declares that, to the best of his/her knowledge, the statements set forth in 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.