



Tata AIG General Insurance Company Limited
PROPOSAL FOR TRADE CONTRACT REPUDIATION INSURANCE

1. PROPOSER

- a. Name of Proposer _____
 Address _____

- b. Name and nationality of Proposer's Parent _____
- c. Business of Proposer _____
- d. Years Proposer has been in business _____
- e. Proposer's total sales _____ Proposer's net worth _____

2. BUYER

- a. Name of Buyer _____
- b. Address _____
- d. Ownership of Buyer (private/government entity): _____
- e. Does the Buyer carry the full faith and credit of its host government? _____

3. PROPOSER'S EXPERIENCE

- a. Please complete the following if Proposer has prior experience with () this Buyer, or in () this country:

Month/Year	Sale Amount	High Credit	Terms	Days Payment Delay
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- b. Does the Proposer currently have any overdue payments from () this buyer or in () this country? If yes, provide explanation below:

4. CONTRACT

- a. Total Contract Value _____
- b. Term of Contract: From _____ To _____

c. Briefly describe the nature of the contract _____

d. Currency of the Contract _____

e. Is contract a sales contract or a service contract? _____

If it is a sales contract, please answer the following:

i) Is the subject of the contract standard or custom made? _____

ii) Would the subject of the contract need modification if it were sold to another Buyer? If so, how extensive would such modification be? _____

f. Does the Contract contain the following clauses?

i) Termination Clause _____

ii) Arbitration Clause _____ if yes, where is the arbitration to take place? _____

iii) Force Majeure Clause _____

g. The Contract shall be governed by the laws of which country? _____

h. Have all required export/import licenses and permits been obtained? _____

i) Briefly describe the Contract's impact on the Host Country (Provide employment, help generate foreign exchange, provide high priority goods, etc.)

5. PAYMENT

a. Identify form and term of payment (i.e. sight letter of credit, 180 day letter of credit, 60 days open account, 3 years semi-annual promissory notes, etc.)

b. If payment is by letter of credit, identify opening bank _____

i) Is this a private or government bank? _____

ii) Term of letter of credit: From _____ To _____

c. Is there a guarantor of payment? If so, identify _____



d. Please clarify the amount and timing of payments as per below:

Date	Event (signing, delivery, Acceptance, etc.)	Amount	Percent of Contract Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e. Is external funding being obtained for this contract? _____ If yes, please state source (i.e. World Bank, U.S.A.I.D., Eximbank, etc.)

6. INSURANCE REQUIREMENTS

a. Term of coverage requested: From _____ To _____

b. Limit of Liability requested _____

If available, please attach cash flow schedule showing Proposer's exposure over the life of the contract based on timing of cost & payments.

7. 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.

8. ATTACHMENTS

Please attach copies of the following documents:

- a) Copy of the Contract
- b) Copy of the debt instrument (letter of credit, promissory notes, etc.), if applicable
- c) Copy of any guarantee, if applicable
- d) Copy of Proposer's latest available audited financial statement

The Company agrees to treat as confidential all matters pertaining to this proposal.



The Proposer agrees not to disclose the existence of any policy which may be issued to any outside party other than the Insured's professional advisors, without the prior written consent of 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.

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

Broker: _____

Signed: _____

Address: _____

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.