

## SURETY BOND INSURANCE PROPOSAL FORM

**IMPORTANT GUIDELINES:**

1. *Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.*
2. *Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.*
3. *It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.*
4. *Cover shall commence no earlier than the date and 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><b>Risk/Risk Group (Contractor, Principal, Obligor)</b></p> <p><b>Insured Name:</b></p> <p><b>Present Address of the Proposer:</b></p> <p><b>Pin-Code:</b></p> <p><b>Permanent address of the proposer (if left blank, will be construed as being same as Present Address)</b></p> <p><b>Pin-Code:</b></p> <p><b>Mobile No:</b></p> <p><b>(Copy to be enclosed in respect of Contractor and Sub- Contractors if any)</b></p> <p><b>GSTIN Number:</b></p> <p><b>GCI GSTIN Number:</b></p>	<p><b>Certificate of Incorporation/Registration:</b></p> <p><b>Memorandum &amp; Articles of Association:</b></p> <p><b>PAN No. of the Company/Firm:</b></p> <p><b>Udyog Aadhar No:</b></p> <p><b>Form 60/61 (if available):</b></p> <p><b>CKYC number (if available):</b></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	Joint Venture/Consortium? If yes: Names and shares of the partners, distribution of their responsibilities towards beneficiary and surety (jointly 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)	<table border="1"> <tr> <td>Required for contract/project.</td> <td>Being requested from insured:</td> </tr> <tr> <td><input type="checkbox"/> Bid Bond</td> <td><input type="checkbox"/> Bid Bond</td> </tr> <tr> <td><input type="checkbox"/> Advance Payment Bond</td> <td><input type="checkbox"/> Advance Payment Bond</td> </tr> <tr> <td><input type="checkbox"/> Retention Bond</td> <td><input type="checkbox"/> Retention Bond</td> </tr> <tr> <td><input type="checkbox"/> Performance Bond</td> <td><input type="checkbox"/> Performance Bond</td> </tr> <tr> <td><input type="checkbox"/> Other, please describe</td> <td><input type="checkbox"/> Other, please describe</td> </tr> </table>	Required for contract/project.	Being requested from insured:	<input type="checkbox"/> Bid Bond	<input type="checkbox"/> Bid Bond	<input type="checkbox"/> Advance Payment Bond	<input type="checkbox"/> Advance Payment Bond	<input type="checkbox"/> Retention Bond	<input type="checkbox"/> Retention Bond	<input type="checkbox"/> Performance Bond	<input type="checkbox"/> Performance Bond	<input type="checkbox"/> Other, please describe	<input type="checkbox"/> Other, please describe
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<input type="checkbox"/> Performance Bond	<input type="checkbox"/> Performance Bond													
<input type="checkbox"/> Other, please describe	<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	<b>‘Character’:</b> 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	<b>‘Capacity’:</b> 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	<b>‘Capital’:</b> 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/FI	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 GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- 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 GCICL 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)
  - High Net Worth Individual/s
  - Non-Residential Indian/s
  - Politically Exposed Person/s
  - Non-Governmental Organization
- v. I agree to receive service-related information from GCICL 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 GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that GCI 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. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.

viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

**Proposer’s Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you’ve mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.**

**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 GCICL 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 GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

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

\_\_\_\_\_

Intermediary’s Code: \_\_\_\_\_

Intermediary’s Signature \_\_\_\_\_

**PAYMENT DETAILS**

Mode of Payment	
Payment Details	

Amount in (Rs.)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Please fill up the request for authorization form attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-**

**Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.**

**Bank details of proposer for refund or claim purpose:**

Name of bank account holder (mention specifically, if different from name of policyholder):

Bank Name & Branch:

Bank Account Number:

IFS Code:

**NOMINEE DETAILS**

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: ((if left blank, will be construed as being same as Present Address))

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:



Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

## ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counterfinancing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL 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.

\*\*\*\*\*END\*\*\*\*\*

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800