

DIGIT SURETY INSURANCE POLICY
PROPOSAL FORM
UIN: IRDAN158CPSU0003V01202425

- a. This proposal will be the basis of the insurance policy that we issue. You must disclose all facts relevant to all property(ies) proposed to be insured that may affect the Company’s decision to issue a policy or its terms. Non-compliance may result in avoidance of the policy.
- b. Liability of the Company does not commence until the Proposal has been accepted and the Premium Paid.
- c. If there is insufficient space for you to provide information, whether as requested or otherwise, please attach a separate sheet duly signed or affixed with thumb impression.
- d. If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800-258-5956 or e-mail at hello@godigit.com.

*For Partner Use Only:

Partner Code	Partner Name

PERSONAL DETAILS

- 1) Proposer Name: _____
- 2) Registered Address: _____
PIN CODE _____
- 3) Current Physical Address (In case address is changes from the Registered address): _____
- 4) Year of corporation of the Proposer: _____
- 5) Description of Business activity of Proposer: _____
- 6) Contact Details _____ 6) Email Id _____
- 7) PAN _____ 8) GST Number _____ 9) Website _____
- 10) Company Registration Number _____
- 11) Is the company Listed _____
- 12) Name and address of the chairman of the Proposer _____
- 12) Paid and Authorized Capital: _____ 13) Turnover: _____
- 12) Name and address of all the Promoters, directors’ & Board Members of the Proposer along with details and background information _____

9. Additional Personal Details

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs *? If yes, please give details (Nature of relationship and position held by PEP)..... “Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials;”.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Beneficiary/Principal debtor Details:	
a. Beneficiary Name:	
b. Complete Address with PIN code	
c. Phone No:	
d. Bank Account Details of Beneficiary:	Name of the bank account holder: Bank Account No: Name of Bank & Branch: IFSC Code: Account Type:

11. CUSTOMER BANK DETAILS

Bank Account No.	Branch	IFSC Code	Bank Name

12. BOND DETAILS

a. Name of the project:	
b. Tender ID:	
c. Detailed description of main contract works and their location:	
d. Are you:	<input type="checkbox"/> Main Contractor <input type="checkbox"/> Nominated Sub Contractor
e. Contract Value:	Bond value: Percentage of Contract value:
f. Bond Value	Bond value: Percentage of Contract value:

13. CONSTITUTION

<input type="checkbox"/> Private Limited	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Unincorporated Association or Body of Individuals
<input type="checkbox"/> Partnership/ LLP	<input type="checkbox"/> Trust / Foundation	<input type="checkbox"/> NGO/NPO
<input type="checkbox"/> Government	<input type="checkbox"/> Others (Please specify)	

14. Business activity of the applicant

Year of incorporation	
Latest External Credit Rating	Credit Rating Agency Name: Credit Rating assigned: Date of Credit Rating: Validity of Credit Rating:

15. RISK PERIOD

Policy Period	From	DDMMYYYY	00:01 Midnight	To	DDMMYYYY	23:59 Midnight
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16. COVERAGE DETAILS:
I. Bond Type Required

Please tick the sections you want to opt:

Tick (v)	Section	Name of section	Sum Insured (in INR)	Specific Details
<input type="checkbox"/>	Section 1	Unconditional Bid Bond- Engineering Procurement and Construction		
<input type="checkbox"/>	Section 2	Unconditional Bid Bond- Build-Operate-Transfer		
<input type="checkbox"/>	Section 3	Unconditional Bid Bond- Hybrid Annuity Mode		
<input type="checkbox"/>	Section 4	Unconditional Performance Bond- Procurement Engineering and Construction		
<input type="checkbox"/>	Section 5	Unconditional Performance Bond- Build-Operate Transfer		
<input type="checkbox"/>	Section 6	Unconditional Performance Bond- Hybrid Annuity Mode		
<input type="checkbox"/>	Section 7	Contract Performance Bond		
<input type="checkbox"/>	Section 8	Credit Bond		

<input type="checkbox"/>	Section 9	Guarantee Bond		
<input type="checkbox"/>	Section 10	Purchaser Advance Surety Bond		

NOTE : Any other type of Bond i.e., Custom Bond, Material Bond, Retention Bond, warehouse bond, Advance payment bond, Rental bond etc. can be issued. Details, other term and conditions of same will be attached as an Annexure to this Policy.

II. Applicable for Bid Bond	RFP date: Bid date: Bond period (days): Claim reporting period: Bond start date: _____ Bond end date: _____
III. Applicable for Performance Bond	Bond period required for (Tick from the below) <input type="checkbox"/> Construction period <input type="checkbox"/> Defect Liability period <input type="checkbox"/> Maintenance Period: <input type="checkbox"/> Others (Please specify) <input type="checkbox"/> Claim reporting period Bond start date: _____ Bond end date: _____
IV. Circumstances/ Triggers under which bond can be invoked	
V. When will the bond be released	
VI. Collateral to be provided	
VII. Source of funds to finance this project (Advance payment, external borrowing, etc.)	
VIII. Has this proposal been made to any other Surety for this Bond? If so, please give name and result:	
IX. Name and address of Architect or Quantity Surveyor or Engineer:	
X. Has any Govt. agency initiated action or blacklisted your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
XI. Has the applicant been Bankrupt or entered into an arrangement with creditors whether voluntary or not, or been a Director or Partner of a firm or company to which a receiver or liquidator has been appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
XII. Has the applicant ever had any Court Judgements or adjudications awarded against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
XIII. If you answer YES to any of the above please provide details including dates, values, reasons and outcome over the page.	
XIV. Has any of your company's bank guarantee ever been invoked in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
XV. Has any of your company's surety bond ever been invoked in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
XVI. If you answer YES for the above please provide details including dates, values, reasons, beneficiary and outcome	
XVII. Whether Proposer's Bank Guarantee provided to the Principal in some other contract has ever been invoked or called: If yes, please give a short note on these circumstances and the outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
XVIII. Please enclose if the Principal debtor is involved in any corruption, collusion or nepotism: Yes/No	
XIX. Is in your project there is an involvement of Government	<input type="checkbox"/> Yes <input type="checkbox"/> No
XX. Kindly brief about the project terms and conditions	Easy & Short term _____ Complex & Long Term _____

17. DOCUMENTS TO BE ATTACHED ALONG WITH PROPOSAL FROM

i	Last 3 years annual financial statements, including auditors report, trading, P&L, Balance Sheet and schedules (not older than 1.5 year from the date of assessment & interim financials not older than 6 months. In case of a JV/ consortium, details of each member required									
ii	External Credit rating report with rating rational									
iii	Corporate presentation of prospect: Details on history, ownership, main shareholders, List of key personnel showcasing technical capability, company/group structure, business overview, main activities, market position, client structure, strategy, expected future development, company specific business risks, industry risk profile etc.									
iv	Past project completed by the applicant in the below templet									
	Project Name	Beneficiary Name	Project Type	Project Cost	Project Start Date	Expected Completion Date	Actual Completion Date	Reason For Delay	If Bond/ BG Invoked	Reason For Invocation
	Share the details of the project where the company has failed to achieve target progress or failed to complete rectification on time or failed to submit performance guarantee									
v	Current project/ Work in progress/ Tenders bided by the applicant in the below templet									
	Project Name	Beneficiary Name	Project Type	Project Cost	BG/ Surety value	BG/ Surety type	Project Start Date	Expected Completion Date	Current Status	
vi	Latest Lead Bank Assessment covering at least the below									
	Fund based/ Non Fund based	Type of Facility	Bank Name	Rate	Collateral	Sanctioned amount	Utilized amount as on end of last quarter	Last enhanced date		
vii	Details of bond obtained in the past/ present									
	Bond issuer	Bond Type	Bond value	Bond period	Is currently active	Has it been revoked				
viii	REP copy/ Contract copy for this application									
ix	Project report and feasibility study report									

18. Claims details

Please specify details of any loss to the proposed in last 3 years

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

19. PREMIUM PAYMENT DETAILS

Cheque No/NEFT Ref No	Bank Name	Date	Amount (Including applicable taxes)

DECLARATION

- I/We, hereby declare that the statements and particulars given in this Proposal form are complete, true and accurate and I/We agree that the Insurance company will not be liable under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
- I/We hereby agree to receive all monies due from the Company by way of refund of premium, claims etc. into my/our bank account / payment mode as specified in the instrument / electronic transaction tendered towards insurance premium and such electronic transfer will constitute full and final discharge of Company's obligation.
- I/We hereby declare that all statutory provisions relating to my / our business proposed for insurance are complied with.
- I/We further declare that I/we will notify in writing any change in the below details occurring after the proposal has been submitted but before communication of the risk acceptance by the Company and during the Risk Period:
 - Any changes in the facts and matters stated in this Proposal, and/or
- I/We authorize the Company to share information pertaining to my proposal for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I/We hereby agree and undertake that I/we are agreeable not to receive the hard copy of the Policy and related documents
__Yes/ __No

Date: _____ Signature of the Proposer

Place: _____ Name of the Proposer

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date: _____ Signature (on behalf of the Proposer)

Name & Relationship with Proposer: _____

INSURANCE ACT 1938 SECTION 41 – 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 the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making fault in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com

Annexure