

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

IFFCO-TOKIO SURETY BOND INSURANCE-UNCONDITIONAL (RETAIL)

UIN: IRDAN106RPSU0027V01202425

PROPOSAL FORM/ BOND APPLICATION FORM**Note:****Completing the Proposal form**

- a) This Proposal Form must be completed in full including all required attachments.
 b) If more space is needed to answer a question, please attach a separate sheet with details.
 c) Our Liability does not commence until the proposal has been accepted and the premium paid.

1.Proposer Details

Name of the Proposer					
PAN					
GSTIN					
Contact Details	Telephone No.	Mobile No.			
	E-Mail ID				
Registered Office Address & Principal Place of Business					
Communication Address (if different from Registered Office Address)					
	City		State	PIN	
CKYC Number issued by the CKYC Agency	CKYC Number: <i>(In case of non-availability of CKYC Number, please provide below mentioned documents)</i>				
	For Companies		For Partnership firm		For Trust
	<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Resolution of the Board of Directors or Power of Attorney granted to its managers, officers or employees to transact business on its behalf. <input type="checkbox"/> The names of the relevant persons holding senior management positions _____		<input type="checkbox"/> Registration Certificate <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Names of all Partners _____		<input type="checkbox"/> Registration Certificate <input type="checkbox"/> Trust Deed <input type="checkbox"/> Names of the beneficiaries, trustees, settlor and authors of trust _____

Authorized Person	Name:	
	Designation:	
	Contact Number:	
	E-Mail ID:	
	KYC Document: <input type="checkbox"/> AADHAR Card** <input type="checkbox"/> Voter ID card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job card <input type="checkbox"/> National Population Register Card <input type="checkbox"/> PAN Card (mandatory where premium exceeds ₹ 10,000/-)	
	KYC Document Number/ CKYC Number:	
	*Are You a Politically Exposed Person or related to PEP? Yes <input type="checkbox"/> No <input type="checkbox"/> "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	
Organization Type	Private Limited <input type="checkbox"/>	Public Limited <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) <input type="checkbox"/>	
Do you wish to avail physical policy document.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Proposal		

2.Proposer Business Details	
Company Website URL	
Country of Registration	
Date of incorporation of the Company	
Business activities/ services	
Three years audited financial statement and annual report if available	To be attached along with this Proposal Form
History of bank guarantee in the past 5 years	To be attached along with this Proposal Form
Latest Credit Rating	Credit Rating Agency Name: Credit Rate Assigned: Date of Credit Rating: Validity of Credit Rating:
Number of Ongoing Projects	

3.Project Details for which Bond is requested	
	Infra Projects <input type="checkbox"/>

1.	Project Type(Please tick in the box)	Non-Infra Projects <input type="checkbox"/>
2.	Name of the Project	
3.	Description of the Project	
4.	Project Period:	_____ Months; Start Date: _____ End Date: _____
5.	Tender ID:	
6.	Detailed description of main contract works and their location:	
7.	Beneficiary of the Project	
8.	Beneficiary Address with PIN and Phone Number	
9.	Bank Account Details of Beneficiary	Name of the Bank Account Holder: _____ Bank Account Number: _____ Name of the Bank and Branch: _____ IFSC Code: _____ Account Type: _____
10.	Are you:	Main Contractor <input type="checkbox"/> Nominated Sub-Contractor <input type="checkbox"/> Other: _____
11.	Contract Value	
12.	Bond Value	Bond Value: _____ Percentage of Contract Value: _____
13.	Bond Type Required	
14.	<i>Applicable for Bid Bond</i>	RFP date: _____ Bid date: _____ Bond period (days): _____ Claim reporting period: _____ Bond start date: _____ Bond end date: _____
		Letter of Acceptance (LOA) No. _____ Letter of Acceptance (LOA) date: _____ Concession agreement date: _____ Project commencement date: _____ Construction Period (days/months/years): _____ Defects Liability Period (days/months/years): _____ Maintenance Period (days/months/years): _____ Claim reporting period (days/months/years): _____

15.	Applicable for Performance Bond	Bond period required for (Tick from the below): Construction Period <input type="checkbox"/> Defect Liability Period <input type="checkbox"/> Maintenance Period <input type="checkbox"/> Others (Please specify): _____ Claim Reporting Period <input type="checkbox"/> Bond start date: _____ Bond end date: _____
16.	Applicable for Retention Money Bond	% of money already received : _____ % of money retained: _____ % of work completed till date: _____ Any discrepancies highlighted till now in the project _____
17.	Applicable for Advance Money Bond	Money is taken as advance: _____ Timelines of the project: _____ Details of the project completed till now: _____
18.	Circumstances/ Triggers under which bond can be invoked	
19.	When will the bond be released	
20.	Collateral to be provided,if any:	
21.	Source of funds to finance this project (Advance payment, external borrowing, etc.)	
22.	Has this proposal been made to any other Surety for this Bond? If so, please give name and result:	
23.	Name, address, Phone No and E-mail ID of Architect or Quantity Surveyor or Engineer:	
	a. Has any Govt. agency ever initiated action or blacklisted your company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

24.	b. Has the applicant been Bankrupt or entered into an arrangement with creditors whether voluntary or not:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Has the applicant ever had any Court Judgements or adjudications awarded against it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you answer YES to any of the above please provide details including dates, values, reasons and outcome over the page		
25.	a. Has any of your company's bank guarantee ever been invoked in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Has any of your company's surety bond ever been invoked in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you answer YES for the above please provide details including dates, values, reasons, beneficiary and outcome		

4. Documents to be attached along with Proposal Form			
S.No	Documents		
1.	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)		
2.	External Credit rating report with rating rationale		
3.	Annual Report of the previous FY		
4.	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. (If not available in the Annual Report)		
5.	Past project completed by the applicant in the below template*		
	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. *In case of additional projects, please fill the details in an additional sheet		
6.	Current project/ Work in progress/ Tenders bided by the applicant in the below template*		
	Project Name		
	Beneficiary Name		
	Project Type		
	Project Cost		
	BG/Surety Value		
	BG/Surety Type		
	Project Start Date		
	Expected Completion Date		
	Current Status		
	*In case of additional projects, please fill the details in an additional sheet		
7.	Past experience of similar project/ Work in progress/ Tenders bided by the applicant in the below template*		
	Project Name		
	Beneficiary Name		
	Project Type		
	Project Cost		
	BG/Surety Value		
	BG/Surety Type		
	With Collaboration	Yes/No	Yes/No
	Project Start Date		
	Expected Completion Date		
	Current Status		
	*In case of additional projects, please fill the details in an additional sheet		
8.	Details of bond obtained in the past/ present for lastt 5 years		
	Bond Issuer		
	Bond Type		
	Bond Value		
	Bond Period		
	Is Currently active?		
	Has it been invoked?		
	*In case of additional details, please fill the details in an additional sheet		
9.	History of Bank Guarantee in the Past 5 Years		
	i. Total Number & value of bank guarantees availed in the past:		

	ii. Total number & value of bank guarantee invoked by the Beneficiary: iii. Total number & value of bank guarantee live: Attach the details in an additional sheet
10.	REP copy/ Contract copy for this application
11.	Project report and feasibility study report

5. Nominee Details

NOMINATION: In the event of death of the proposer, any payment due under the policy shall become payable to the nominee proposed in this form and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. If only one nominee is mentioned insurer will consider his/her share as 100%.

Description	Nominee 1	Nominee 2
Name of the Nominee		
Relationship with Policyholder		
Communication Address		
Permanent Address (if different from the Communication address)		
E-mail ID		
Contact No.		
Percentage (%)		
Bank Account Details		
Account Number		
IFSC		
Guardian Details (if Nominee is Minor)		
Name of Guardian :-		
Address:-		
Contact No:		

Premium Detail				
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> NEFT	<input type="checkbox"/> Others
Bank Name	Date			
Amount (in ₹)				

DECLARATION

- a) I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by IFFCO-Tokio therein. The policy Coverage, terms & Conditions have been explained to me in my language and have been understood by me.

- b) I 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 IFFCO TOKIO GENERAL INSURANCE CO LTD and I agree to accept a policy, subject to the conditions prescribed by IFFCO TOKIO GENERAL INSURANCE CO LTD.
- c) I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/ personal statement, declaration and connected documents, or any material fact*/ information has been withheld by beneficiary.

*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

- d) I hereby authorize IFFCO-Tokio to share information of proposal for the sole purpose of evaluating and underwriting this proposal and issuing insurance policy and/or claims settlement with the Surveyors/ Investigators, Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, or as may be required for effective discharge of obligations as an Insurer and I understand that this proposal form is a valid consent for sharing the data with above named third parties in connections or furtherance of this policy/claim.
- e) **I am submitting my Aadhar Card/Aadhar Number (including Virtual ID, e-Aadhaar) voluntarily for KYC and I understand that use of Aadhaar is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card/ CKYC Number may also be submitted for KYC. I hereby further authorize IFFCO-TOKIO to download/update/upload my particulars from/to CKYC Registry, based on CKYC no./ Other KYC documents provided by me.
- f) I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the IFFCO-Tokio General Insurance Co. Ltd. (herein after referred as "IFFCO-Tokio") and that the policy will come into force only after full payment of the premium chargeable.
- g) I hereby further authorize IFFCO-TOKIO to download/update/upload particulars from/to CKYC Registry, based on CKYC no./ Other KYC documents provided.
- h) I 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 Prevention of Money Laundering Act 2002. I understand that the Insurance Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering in India.
- i) I agree that below-mentioned bank account details may be used for the purpose of refund

Name of the account holder		
Bank A/C number		IFSC Code:

(Name as per Bank Account and name of the Proposer shall match and details of third party Bank Account shall not be provided.)

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j) I agree IFFCO-Tokio to call, and send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry

k) **Vernacular/Disability Declaration**

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed(#) by someone other than the Agent/ Intermediary/Employee of the Company).

I certify that the product applied by me and the contents of the Proposal Form have been clearly explained to me and I have fully understood them. I further certify that the replies in the Proposal Form have been recorded as per the information provided by me.

Authorised Signatory
Name:

Company Stamp

Name and Position in the Company

Place:
Date:

Witness Declaration:(#)

I _____ (Full name of the witness) _____ (Relation with the Proposer) adult and inhabitant of (city) _____ and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from IFFCO-Tokio General Insurance Co. Ltd. to the Proposer and he/she has understood the same. I declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Witness Signature: _____

Name of Witness: _____

Place: _____
Date: _____

**SECTION 41 OF INSURANCE ACT 1938
PROHIBITION OF REBATES**

Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938.

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 or 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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to ten lakhs.