

# Kshema Surety Bond Insurance

## Proposal Form

If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

All answers should be made in full to avoid delays in evaluation. On questions where "none" or "not applicable" is the answer, please indicate accordingly

Liability under this policy does not commence until the proposal has been accepted by us, the same has been duly conveyed to you and the premium has been realized by us

### 1. APPLICANT (PRINCIPAL DEBTOR) INFORMATION

Applicant Company Name\*:

Complete Mailing Address with Postal Code (for all correspondence):

GSTIN/UIN Number:

Telephone No.:

Fax No.:

Email:

PAN (card number):

Web Site Address:

Company Registration No.:

Incorporation Date:

Contact Person Name & Job Title with Email address

\*If participating via Joint Venture, provide JV partner details below

Applicant Company Name (JV Partner name):

Complete Mailing Address with Postal Code (for all correspondence):

GSTIN/UIN Number:

Telephone No.:

Fax No.:

Email:

PAN (card number):

Web Site Address:

Company Registration No.:

Incorporation Date:

Contact Person Name & Job Title with Email address:

Type of Project

Roads [ ]

Power [ ]

Other Infrastructure [ ]

Nature of Contract

EPC/BOT/HAM/Others

Project Location:

Credit rating (by any credit rating agency):

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UIN: IRDAN162CPSU0023V01202526

Additional Remarks/Details:			
SPV/JV details (if yes please ensure the information on all applicants is provided-using a separate sheet if necessary):			
Provide percentage share of JV partners:			
Complete Mailing Address with Postal Code:	PAN (card number):	Telephone No.:	Incorporation Date:
GSTIN/UIN Number:			
Communication Address / Address of Registered place of Business to be in line with GSTIN Provided:			
State / Union Territory:			
Credit rating (by any credit rating agency):			
<b>2. BENEFICIARY (CREDITOR) DETAILS</b>			
Beneficiary name:			
Complete Mailing Address with Postal Code (for all correspondence)			
Telephone No.:	Fax No.:	Email:	
PAN (card number):	Web Site Address:		
Company Registration No.:	Incorporation Date:		
Contact Person Name & Job Title with Email address			
Type of Organization	Corporations [ ]	Government backed Nodal agency [ ]	
GSTIN/UIN Number of Client:			
Communication Address / Address of Registered place of Business to be in line with GSTIN Provided:			
State / Union Territory:			
<b>3. BOND DETAILS</b>			
Type of Bond required	[ ] Bid Bond	[ ] Performance Bond	[ ] Advance Payment Bond
	[ ] Retention Money Bond	[ ] Custom/Tax Bond	[ ] Court Bond
Bond amount / Limit of Liability Required:			

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Period of Cover	From	To		
Bond amount as a % of the project/contract value		%		
Tenor of the bond:				
Contract Value:				
Funded by:				
Name of the entity/authority requiring the bond (Creditor):				
<b>4. FINANCIAL INFORMATION - PRINCIPAL DEBTOR</b>				
Please state currency for all figures in this proposal form: FINANCIAL DATA - Please provide consolidated financials data; specify if standalone data is provided				
INR currency	YTD financials - current FY	Latest FY	Latest FY -1	Latest FY -2
Sales / Revenue				
EBITDA				
PAT				
Cash Flow from operations				
Total Assets				
Total Liabilities				
Net worth				
Tangible Net worth				
Total debt				
Non-recourse project debt				
Current assets				
Current liabilities				
Amount of retention money across projects as mentioned in the financial statements				
Contracts won				
Contracts executed				
Order backlog				

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[illegible]

**6. PROJECT DETAILS (for which the Bond is to be issued)**

Project works - scope of work / infra sector	Site Location	Project / Contract value (INR)	Project tenor (M/Y)	FINANCING MIX (DEBT+ EQUITY)	Committed COD/Project lenders	Number of contract / project milestones that will trigger bond invocation	Details on experience in other projects with the client	Details on experience with similar projects in the past

**7. PAST CLAIM/ ARBITRATION DETAILS**

Details of any charges, judgments, suits or claims pending against Applicant, or against any employee/representative of the firm

Please share past claim / loss details	Time taken to indemnify the surety / bank

**8. LIMITS CERTIFICATE**

Details of the Sanctioned Non-Fund based Limits - Utilised and limits available for utilization.

Limits certificate and the assured line of credit duly signed by the bank(s) / lead bank(s)

**9. OTHER REQUIREMENTS - DOCUMENTS**

Supporting Documentation

- Consolidated audited financials of latest 3 years and YTD financials periodically (including for all JV parties involved in participation)
- Latest organisation chart mentioning subsidiaries/JV/SPV companies
- Summary of the Directors and Top Management's qualification and industry experience as well as their current position with the applicant
- Details of instances of invocation of previous BGs with particulars and value
- All relevant project finance documents including the cash flow model
- Periodic reports on the project progress including status of milestones

- g) Periodic lenders' engineers report on the project progress and construction status
- h) List of completed and ongoing projects with contract details, contract value, completion date, etc.
- i) Provide details on any pledges on company assets (mortgages, liens, fiduciary assignment of ownership, encumbrance on real estate, etc.) given to third parties

**10. DECLARATION**

We, including any joint applicants, declare and warrant that the information given by us on this form and any attachments, is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in calculating the premium and accepting the risk.

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/Applicant: \_\_\_\_\_

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/Applicant: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

AML declaration

- 1) I/we hereby confirm that all premiums paid / payable in future will be from Bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- 2) I / we are not Politically Exposed Persons \* nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

“Politically Exposed Persons” shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time. “Section 64 VB of the Insurance Act 1938 Commencement of risk cover under the policy is subject to receipt of payable premium by Kshema General Insurance Limited. Section 41 of Insurance Act 1938 (Prohibition of rebates)

- a) 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

<p>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."</p> <p>b) Any person making default in complying with the provisions of this section shall be punished with a fine which may extend to ten lakh rupees.</p> <p>Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued to us</p>		
Authorised Signature of Applicant(s)		Date:
Name of Signatory:		
Position in Company:		
Company Stamp:		
To be completed by Broker / Agent/ Intermediary		
Name:		
Address:		
Tel:	Fax:	Email:
<p>Intermediary Declaration:</p> <p>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.</p>		
License No.(Intermediary/Corporate Agent/Broker/Relationship Officer):		
Name of the specified Person and code:		
Place:	Date:	Signature of Agent: