

SBI General Surety Bond Bima (Unconditional)

PROPOSAL FORM

<u>For Office Use</u>			
Policy Issuing Office Address & Code			
Intermediary/Agent Name & Code (if any)			
Period of Insurance	From ../.. hrs of .././.... till midnight of .././		
Sales Channel Type	Corporate <input type="checkbox"/> Agency <input type="checkbox"/> Direct <input type="checkbox"/> Broker <input type="checkbox"/>		
Business Type	New <input type="checkbox"/> Rollover <input type="checkbox"/> Renewal <input type="checkbox"/>		
RM/SP Code:	RM/SP Name:	RM/SP Contact no:	
Agreement Code:	Agreement Name:	Inspection Lead no:	
Inward no:	Quote no:	Receipt no:	
Receipt date:			
PROPOSER DETAILS (*Asterisk marked details are mandatory)			
Risk/Risk Group (Contractor, Principal, Obligor)			
Full Name			
*PRESENT Address(es) :	Certificate of Incorporation/Registration: Memorandum & Articles of Association: PAN No. of the Company/Firm: GST Certificate:		
Pin code:			
Phone No:			
KYC Documents: (Copy to be enclosed in respect of Contractor and Sub- Contractors if any)			
Communication Address	_____ City: Pin code: Gram Panchayat: Sate: Landmark:		
Permanent Address	_____ City: Pin code: Gram Panchayat Sate: Landmark:		
Nature of Business		*Email ID	
		*Mobile no :	

*PAN No. / Form 60		*Aadhar Number	
KYC Documents (Copy to be enclosed in respect of Contractor and Sub- Contractors if any)			
Certificate of Incorporation /Registration			
Memorandum & Articles of Association			
GST Certificate			
Udyog Aadhaar No.*:			

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number

Credit Rating Done Yes No
 If done then Credit Rating Agency Name : _____
 Credit Rating Received Date : DD/MM/YYYY format _____
 Credit Rating Validity Date : DD/MM/YYYY format _____
 Are you going to Renew the Credit Rating : Yes No

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?)	

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 – totalling upto 100%)

Salaries	Business Property	House	Capital Gains	Investments	Agriculture	Others	Total

Beneficiary/Employer Details	
Type of Beneficiary/Employer	a. Central Government Department <input type="checkbox"/> b. Private Beneficiary <input type="checkbox"/> c. Central Government Autonomous Body <input type="checkbox"/> d. State Government Autonomous Body <input type="checkbox"/> e. State Government Department <input type="checkbox"/> f. Municipal Corporation <input type="checkbox"/> g. Judicial Body <input type="checkbox"/>

	h. Customs Department <input type="checkbox"/> <ul style="list-style-type: none"> Public Enterprise (Central Government Company) <input type="checkbox"/> State Enterprise (State Government Company) <input type="checkbox"/>
Beneficiary / Employer Name	
CIN No./GSTIN No	
PAN	
Type of Beneficiary / Employer	
Date of Incorporation	
CIN No.	
Registered Address	_____ City: Pin code: Gram Panchayat: Sate: Landmark:
Communication Address	_____ City: Pin code: Gram Panchayat: Sate: Landmark:
*Contact Number(Mobile)	
* Email Id	
Business Unit Code	
Bank Name	
Bank Account Number	
IFSC Code	
Bank Branch Name	
Contact Person Name	
Contact Person Designation	
Contact Person Land Line Number	
Contact Person Mobile Number	
Beneficiary/Employer Contact Person Email Id	
Consortium Details	
Name of Consortium	
Date of Consortium Agreement	
Share of Partner	
Distribution of Responsibilities Towards Beneficiary	
Indemnity Share Percentage	
Insured PAN	
Contractor License Type	
Contractor License Number	
Credit Rating Done	
If done then Credit Rating Agency Name	
Credit Rating Received Date	

Credit Rating Validity Date	
Are you going to Renew the Credit Rating	
Collateral	
Further relevant information	
SPV Details	
Name	
Share of Partner	
Distribution of Responsibilities Towards Beneficiary	
Indemnity Share Percentage	
Name	
Date of SPV Formation	
Underlying Contract/Project/Obligation	
Description (e.g., type and location of works, main obligations)	
Contract Date and Contract Value (contract price/ or contract price offered)	
Period (=Term/Duration)	
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.)	
Additional underlying risk? (e.g.sub-contractor risk: Is part of the contract to be subcontracted and if so, which part and to whom?)	
Financing sources (Advance payments, external financing, etc.)	
Bond(s) to be issued	
Surety Bond Type(s) required	
Required for contract/project:	<ul style="list-style-type: none"> • Bid Bond <input type="checkbox"/> • Advance Payment Bond <input type="checkbox"/> • Retention Bond <input type="checkbox"/> • Performance Bond <input type="checkbox"/> • Other, please describe <input type="checkbox"/>
Being requested from insured	<ul style="list-style-type: none"> • Bid Bond <input type="checkbox"/> • Advance Payment Bond <input type="checkbox"/> • Retention Bond <input type="checkbox"/> • Performance Bond <input type="checkbox"/> • Other, please describe <input type="checkbox"/>

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.)?				
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?)				
Is the Bond required by Law or the Beneficiary?				
Existing Surety Details				
Surety Bonds bought earlier: Yes / No If yes, provide details	Type of Bond	No. of Bonds	Amount	Expiry Date
	Bid Bond			
	Advance Payment Bond			
	Retention Bond			
	Performance Bond			
7.	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!)			
Type of Arrangement under which you are Bidding or have won a Bid	<ul style="list-style-type: none"> • Sole Bidder • Joint Venture <input type="checkbox"/> • Consortium <input type="checkbox"/> • SPV <input type="checkbox"/> • Others <input type="checkbox"/> 			
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))			

<p>‘Character’: 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.</p>						
<p>‘Capacity’: 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?</p>						
<p>‘Capital’: Please provide a note on the financial risk/financial situation (annual reports)</p>						
<p>Internal/external Ratings Please share all the relevant and valid credit rating details (S&P, Fitch, Moody’s etc.)</p>						
<p>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)</p>						
<p>Details of Bank Guarantees that have been invoked in the past.</p>						
<p>Details of past completed projects in the format captured alongside:</p>	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.					

Details of Financing Arrangements	Type of Facility:	Bank/FI	Amount Approved (INR)	Amount Utilized (INR)
Has any BG/Bond issued to you been invoked in the past				
Have you been blacklisted by any Authority/Organisation				

Name of Signatory/Proposer

Position in Company

Company Stamp

PREMIUM DETAILS & BANK DETAILS (Mandatory)

Premium Amount: (in figure) Rs _____ (in words) _____

Name of Premium payor: - _____

Premium payment mode option: Cheque no EFT Debit Card / Credit Card

Cheque No : _____ Date:

D	D	M	M	Y	Y	Y	Y
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 Amount

Rs.

Bank Account Number _____ Bank Name: _____

IFSC Code: _____ Branch Name: _____ Card Details: Master Visa

Card No:

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 Card Expiry

M	M	Y	Y	Y	Y
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(SBI General Insurance Co. Ltd. does not accept Cash for Premium Payment against the Policy.

In case of Refund of premium, it will directly be credited to the bank account of the proposers/policy holder.)

REFUND INSURED BANK DETAILS (Mandatory)

Insured Bank Details(Claims/Refund amount will be deposited in this Bank account only unless change subsequently)

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque:

(Cancelled Cheque should be of the same bank account in which the refund / claim needs to be

Name of Account Holder			
Bank Name:		Branch Name:	
Bank Account No.:			
IFSC Code:		MICR Code:	

credited directly)

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

KYC DOCUMENTS ATTACHED

- Pan Card
 Telephone Bill
 Passport
 Government UID
 Voter's Identity Card
 Utility bills not older than 2 months
 Driving Licence
 Electricity Bill
 Ration Card
 Aadhaar Card
 Registration Certificate.

ELECTRONIC INSURANCE ACCOUNTS DETAILS

I would like Surety Bond Bima(Unconditional) policy related information in	Physical Format <input type="checkbox"/> e-Format (electronic) <input type="checkbox"/>
I have eIA Number	
I would like to apply for eIA with	<ul style="list-style-type: none"> • NSDL Data Management Ltd <input type="checkbox"/> • Centrico Insurance Repository Ltd.(Formerly known as CDSL Ins. Repository Ltd.) <input type="checkbox"/> • Karvy Insurance Repository Ltd <input type="checkbox"/> • CAMS Repository Services Ltd <input type="checkbox"/>
CKYC No (Central Know Your Customer Registry Number), (if available)	

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of

ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____ Date: D D M M
Y Y Y

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents)

AML GUIDELINES

(Premium Payment shall be made by the Policyholder of the Policy)

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 Prevention of Money Laundering Act 2002. I/We understand that the 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.

Nationality: Indian /Non-Indian

If Non-Indian, please specify Country:

Residential Status:

- Resident Individual
- Non-Resident Indian
- Foreign National
- Person of Indian Origin

Type of Organization (Only applicable if policy is issued in group basis):

Corporations <input type="checkbox"/>	Governments <input type="checkbox"/>	Non-Governmental Organizations <input type="checkbox"/>
Society <input type="checkbox"/>	Trust <input type="checkbox"/>	International Organization <input type="checkbox"/>
Partnership <input type="checkbox"/>	Cooperatives <input type="checkbox"/>	Section 8 Companies <input type="checkbox"/>

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation.

Recent photograph of proposer:
(Photograph is required. If customer does not have CKYC ID)

Signature of Proposer

Insureds Declaration:

I/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.

I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.

I/We understand that the Policy issued by the Company shall be void in the event of any misrepresentation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.

I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.

I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.

I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.

I hereby declare that I am not a Politically Exposed Person (PEP)- Yes No

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 Bond issued to us.

The details filled in the proposal form would be used for new as well as for renewal purposes.

Do you suffer from any disability? Yes No

If yes, please state the type of disability. _____

Please share the percentage of disability. _____

Authorised Signatory of Applicant(s)

Name of Signatory/Proposer
 Position in Company
 Company Stamp

VERNACULAR 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 Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal

Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____
 (Relation with the Proposer/Primary insured) _____ 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 SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression

of the Proposer/Primary.

Date:

DD	MM	YYY
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Place: _____

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 favour 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.

Agent Name:
 SP Name:
 SP Code:
 License No.: _____

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Signature of Agent

Date:

DD	MM	YYY
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Place: _____

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

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to 10 Lakh rupees.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

“I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required.”

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).
Applicable to non-Individual customers

Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - “Controlling ownership interest” means ownership of or entitlement to more than ten percent of shares or capital or profits of the company.
 - “Control” shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals.

d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.

Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.