

# PROPOSAL FORM



## SBI GENERAL SURETY BOND BIMA

**Note:** Proposal Form Applicable to both, Conditional & Unconditional Bonds

### FOR OFFICE USE

Policy Issuing Office Address:

Code:  Sales Channel Type: Agency  Direct  Corporate/broker

Business Sector: Urban  Rural  Social  Others

Intermediary/Agent Name:  Code:

Period of Insurance hrs. of  From         till midnight of

RM/SP Code:

Agreement Code:  RM/SP Name:  RM/SP Contact no.:

Inward No.:  Agreement Name:

Receipt Date:  Quote No.:

Inspection Lead no:  Receipt No.:

### PART I-PROPOSER'S DETAILS

Risk/Risk Group (Contractor, Principal, Obligor)

Full name(s)\*:

Present Address\*:  
(Current Residing Address)  
City:  Village:   
Gram Panchayat:  State:   
PIN code:  Landmark:

My Present Address is same as Permanent Address

Permanent Address\*:  
City:  Village:   
Gram Panchayat:  State:   
PIN code:  Landmark:

Gender\*:  M  F  Other Marital Status\*:  Married  Unmarried Date of Birth\*:

Mobile\*:  Alternate Mobile No.^:

KYC Documents:  
(Copy to be enclosed in respect of Contractor and Sub- Contractors if any)

Certificate of Incorporation /Registration:

Memorandum & Articles of Association:

PAN No. of the Company/ Firm:  GST Certificate:

PAN No.\*.:  / Form 60/61 (if available):

Udyog Aadhaar No.\*:

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID However, if you need a physical copy of the policy document, please send SMS "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:  Credit Rating Validity Date:

Are you going to Renew the Credit Rating Yes  No

Note (\*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

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**NOMINEE DETAILS\***

**Nominee 1**

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name of the Appointee:

\*Relationship with Nominee:  \*Date of Birth of Appointee:

Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of Appointee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

**Nominee 2**

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name of the Appointee:

\*Relationship with Nominee:  \*Date of Birth of Appointee:

Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of Appointee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

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 – totalling upto 100%)																	
	<table border="1"> <thead> <tr> <th>Salaries</th> <th>Business Property</th> <th>House</th> <th>Capital Gains</th> <th>Investments</th> <th>Agriculture</th> <th>Others</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> </tr> </tbody> </table>	Salaries	Business Property	House	Capital Gains	Investments	Agriculture	Others	Total	<input type="text"/>								
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
3	Type of Bond Opted	Conditional <input type="checkbox"/> Unconditional <input type="checkbox"/>																
4	<b>Beneficiary</b> Type of Beneficiary (Public or Private?)																	

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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	Bond(s) to be issued																															
8.2	Bond Type(s)	<table border="0"> <tr> <td style="vertical-align: top;"> <p>Required for contract/project</p> <p><input type="checkbox"/> Bid Bond</p> <p><input type="checkbox"/> Advance Payment Bond</p> <p><input type="checkbox"/> Retention Bond</p> <p><input type="checkbox"/> Performance Bond</p> <p><input type="checkbox"/> Other, please describe</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Being requested from insurerd:</p> <p><input type="checkbox"/> Bid Bond</p> <p><input type="checkbox"/> Advance Payment Bond</p> <p><input type="checkbox"/> Retention Bond</p> <p><input type="checkbox"/> Performance Bond</p> <p><input type="checkbox"/> Other, please describe</p> </td> </tr> </table>	<p>Required for contract/project</p> <p><input type="checkbox"/> Bid Bond</p> <p><input type="checkbox"/> Advance Payment Bond</p> <p><input type="checkbox"/> Retention Bond</p> <p><input type="checkbox"/> Performance Bond</p> <p><input type="checkbox"/> Other, please describe</p>	<p>Being requested from insurerd:</p> <p><input type="checkbox"/> Bid Bond</p> <p><input type="checkbox"/> Advance Payment Bond</p> <p><input type="checkbox"/> Retention Bond</p> <p><input type="checkbox"/> Performance Bond</p> <p><input type="checkbox"/> Other, please describe</p>																												
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	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:	<table border="1"> <thead> <tr> <th>Sr No.</th> <th>Project Name and location</th> <th>Project Description</th> <th>Project Cost (INR Cr)</th> <th>Project Period</th> <th>Completion Status (i.e. on time, advance or delayed).</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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.					
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**DECLARATION** (If signed in vernacular language / If you have affixed thumb impression above)

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.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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\_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Signature/Thumb impression of the Proposer

**AGENTS 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 : \_\_\_\_\_

Licence No. : \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature of Agent: \_\_\_\_\_

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

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 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
2. 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.

**INSURANCE IS THE SUBJECT MATTER OF SOLICITATION**

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## 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.

3. 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.
  - 1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
  - 2. **"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.
- 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.