

# PROPOSAL FORM

## SURETY BOND BIMA

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

### FOR OFFICE USE

|                                |         |   |   |   |   |      |   |   |            |   |       |   |   |   |                  |   |   |   |   |                    |   |   |   |  |
|--------------------------------|---------|---|---|---|---|------|---|---|------------|---|-------|---|---|---|------------------|---|---|---|---|--------------------|---|---|---|--|
| Policy Issuing Office Address: |         |   |   |   |   |      |   |   |            |   | Code: |   |   |   |                  |   |   |   |   |                    |   |   |   |  |
| Intermediary/Agent Name:       |         |   |   |   |   |      |   |   |            |   | Code: |   |   |   |                  |   |   |   |   |                    |   |   |   |  |
| Period of Insurance            | hrs. of |   |   |   |   | From | D | D | M          | M | Y     | Y | Y | Y | till midnight of | D | D | M | M | Y                  | Y | Y | Y |  |
| RM/SP Code:                    |         |   |   |   |   |      |   |   |            |   |       |   |   |   |                  |   |   |   |   |                    |   |   |   |  |
| Agreement Code:                |         |   |   |   |   |      |   |   |            |   |       |   |   |   | RM/SP Name:      |   |   |   |   | RM/SP Contact no.: |   |   |   |  |
| Inward No.:                    |         |   |   |   |   |      |   |   |            |   |       |   |   |   |                  |   |   |   |   |                    |   |   |   |  |
| Receipt Date:                  | D       | D | M | M | Y | Y    | Y | Y | Quote No.: |   |       |   |   |   |                  |   |   |   |   |                    |   |   |   |  |
| Inspection Lead no:            |         |   |   |   |   |      |   |   |            |   |       |   |   |   |                  |   |   |   |   |                    |   |   |   |  |
|                                |         |   |   |   |   |      |   |   |            |   |       |   |   |   |                  |   |   |   |   |                    |   |   |   |  |

### PROPOSER'S DETAILS

Risk/Risk Group (Contractor, Principal, Obligor)

Full name(s):

Address(es):

Pincode:

Mobile:

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:

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

Udyog Aadhaar No.:

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 ☐

| 1        | Joint Venture/Consortium?<br>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<br>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></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Salaries  | Business Property | House       | Capital Gains | Investments | Agriculture | Others | Total |  |  |  |  |  |  |  |  |  |
| Salaries | Business Property   | House   | Capital Gains     | Investments | Agriculture   | Others      | Total       |        |       |  |  |  |  |  |  |  |  |  |
|          |   |   |                   |             |               |             |             |        |       |  |  |  |  |  |  |  |  |  |
| 3        | Type of Bond Opted  | Conditional <input type="checkbox"/> Unconditional <input type="checkbox"/> |                   |             |               |             |             |        |       |  |  |  |  |  |  |  |  |  |

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. SBI General Surety Bond Bima (Conditional) | UIN: IRDAN144RP0001V01202324 | SBI General Surety Bond Bima (Unconditional) | UIN: IRDAN144RP0002V01202324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

|      |  |  |   |
|------|--|--|---|
| 4    | <b>Beneficiary</b><br>Type of Beneficiary (Public or Private?)   |  |   |
| 5    | Total Bond Value   |  |   |
| 6    | Underlying Contract/Project/Obligation   |  |   |
| 7.1  | Description<br>(e.g., type and location of works, main obligations)  |  |   |
| 7.2  | Contract Date and Contract Value<br>(contract price/ or contract price offered)  |  |   |
| 7.3  | Period (=Term/Duration)  |  |   |
| 7.4  | Relevant conditions of the underlying contract/legal requirements<br>(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<br>(Advance payments, external financing, etc.)  |  |   |
| 8.1  | Bond(s) to be issued   |  |   |
| 8.2  | Bond Type(s)   | Required for contract/project<br><input type="checkbox"/> Bid Bond<br><input type="checkbox"/> Advance Payment Bond<br><input type="checkbox"/> Retention Bond<br><input type="checkbox"/> Performance Bond<br><input type="checkbox"/> Other, please describe | Being requested from insurerd:<br><input type="checkbox"/> Bid Bond<br><input type="checkbox"/> Advance Payment Bond<br><input type="checkbox"/> Retention Bond<br><input type="checkbox"/> Performance Bond<br><input type="checkbox"/> Other, please describe |
|      | Confidential (C3)  |  |   |
| 8.3  | Bond Amount(s): Absolute value and percentage of contract value<br>(does the bond amount constitute the maximum liability or might it be increased by price adjustments, interests, etc.)?   |  |   |
| 8.4  | Bond Period(s):<br>(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):<br>Counter guarantee/parental guarantee (if JV from each JV partner)/co-subscriber on indemnity agreement/cash collateral)<br>(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)<br>(In case of a JV, analysis of each partner (at least all with a relevant share))                         |   |
| 10.1 | <b>'Character':</b><br>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><br>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><br>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?<br>Further parties involved? Environmental, Social or Governance/ ESG risks?<br>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: | 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.               |                           |                       |                       |                |   |
| 14 | Details of Financing Arrangements                                    | Type of Facility | Bank/FI                   | Amount Approved (INR) | Amount Utilized (INR) |                |   |
|    |  |                  |                           |                       |                       |                |   |
|    |  |                  |                           |                       |                       |                |   |
| 15 | Has any BG/Bond issued to you been invoked in the past               |                  |                           |                       |                       |                |   |
| 16 | Have you been blacklisted by any Authority/Organisation              |                  |                           |                       |                       |                |   |

## 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.

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 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 mis-representation, 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.

Authorised Signatory of Applicant(s) \_\_\_\_\_

Name of the Proposer: \_\_\_\_\_

Position in Company \_\_\_\_\_

Company Stamp \_\_\_\_\_

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Surety Bond Bima (Unconditional/conditional) policy related information in \_\_\_\_\_ :

Physical Format: ☐ Yes ☐ No e-Format (electronic); as & when applicable: ☐ Yes ☐ No

Choose your Insurance Repository (For those selecting e-Format)

☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd. ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd.

☐ I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is                 (If available).

Kindly visit our website [www.sbigeneral.in](http://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 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 the Country: \_\_\_\_\_

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. SBI General Surety Bond Bima (Conditional) | UIN: IRDAN144RP0001V01202324 | SBI General Surety Bond Bima (Unconditional) | UIN: IRDAN144RP0002V01202324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Type of Organisation: (Only applicable if policy issued on Group Basis)

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust  
☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

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 :

#### 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 |
|---|---|---|---|---|---|---|---|

Place: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

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 |
|---|---|---|---|---|---|---|---|

Place: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

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 punishable with fine, which may extend to 10 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:

- 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 twenty-five 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;
- 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 **fifteen percent of capital or profits of the partnership**.
- 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**.
- 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 fifteen 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.

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