



Request for Registration For Political Risk Insurance

Overseas Private Investment Corporation
An Agency of the United States Government

1100 New York Avenue, N.W.
Washington, DC 20527
www.opic.gov

Insurance Department
Tel.: (202) 336-8400
Fax: (202) 408-5142

INSTRUCTIONS:

Thank you for informing us of your interest in OPIC programs. This form is to be used in registering proposed investment projects for OPIC political risk investment insurance. To ensure that the project remains eligible for OPIC insurance, you should submit this form to OPIC prior to making an irrevocable investment commitment. Registration letters will not be issued for investments irrevocably committed, prior to the date of your request. This form may be downloaded from OPIC's web site at <http://www.opic.gov/insurance/apply/index.asp>.

There is no fee for registering a project for OPIC insurance. Upon acceptance of this request, you will receive a letter from OPIC acknowledging that your project has been registered. The letter does not commit OPIC to providing political risk insurance, nor does registration commit the applicant to purchasing OPIC insurance. For insurance to be issued, the investor must submit a formal application for insurance (wherein the information submitted in this registration form may be amended) and the investment must meet all statutory and policy requirements. For your convenience, OPIC can provide you with the application in printed form as well as on disk. The application form may also be downloaded from OPIC's website at <http://www.opic.gov/insurance/apply/index.asp>.

Please type or print clearly and sign this form prior to submission. If you have questions or require further assistance, please do not hesitate to contact OPIC's Insurance Applications Officer at (202) 336-8595.

Part 1: Investor Information

1. Investor:

Contact: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____ Telephone: _____ Fax: _____
 E-Mail: _____ Web site: _____

Parent Company Name (if _____)

Applicant's (or parent company's) most recent consolidated annual sales (or stockholder's equity for non-industrial companies): \$ _____

2. Investor is:

- A U.S. Citizen
- An entity more than 50% beneficially owned by U.S. citizens
- A foreign corporation more than 95% owned by one of more such U.S. entities or U.S citizens
- A foreign entity (other than a corporation) 100% owned by one or more such U.S. entities or U.S. citizens

3. How did you hear about OPIC?

- Conference OPIC Web site Other Govt. Agency (*SBA, TDA, EX-IM etc*)
- Insurance Broker Former OPIC clients Other (*please specify*) _____

Part 2: Project Information

4. Where will the project be located?

City: _____ Country: _____

5. Please describe the project

- (a) What products/services will be rendered? _____
- (b) Will you have a contract with the host government to provide these products or services?
 Yes No
- (c) The enterprise you will be investing in is:
 New An existing business to be expanded or improved.
- (d) Does the host government have any investment in the enterprise?
 Yes No If Yes, the host government owns: _____ %
- (e) Could this project result in reduced U.S. employment?
 Yes No
- (f) Could this project result in significant adverse environmental impacts?
 Yes No

Part 3: Investment to be Made

6. Investment to be Made

- (a) Total amount of investment : \$ _____
- (b) Estimated date of investment: _____

(c) Has any portion of this investment been made or irrevocably committed as of the date of registration?

BUSINESS CONFIDENTIAL INFORMATION

Yes No *If yes, please explain and indicate when the investment was made.* _____

(d) What do you plan to insure?

Investors	Contractors & Exporters
<input type="checkbox"/> Equity <input type="checkbox"/> Loan Guaranty	<input type="checkbox"/> Bid Bond <input type="checkbox"/> Contract Disputes
<input type="checkbox"/> Debt <input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Assets <input type="checkbox"/> Performance/Advance Payment Guaranties
<input type="checkbox"/> Lease	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	

Part 4: Insurance Broker or Agent

7. This registration is being submitted:

By the Investor

OR

By a U.S. licensed broker or brokerage agency

OR

By an agent*

Contact: _____

Title: _____

Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-Mail: _____

**An agent assists the insured without engaging in activities (including, inter alia, the solicitation, negotiation or placement of insurance) for which a license is required pursuant to applicable State or Federal insurance regulation.*

8. Who will complete the OPIC insurance application (Form 52)?

Investor

U.S. licensed broker or brokerage agency

Agent

Part 5: Signature

Investor Signature: _____

Date: _____

FOR OPIC USE ONLY

Route To: _____

Approved

Rejected

Registration No.: _____

Signature: _____

Date: _____

Registration Date: _____

Special Letter (specify) _____

Project Description: _____

Issue Letter of Intent

SIC CODE: _____