



OVERSEAS PRIVATE INVESTMENT CORPORATION

APPLICATION FOR POLITICAL RISK INSURANCE

Welcome to the OPIC Insurance Application. To start, please click on the “Form 52-Application” button below and complete the Insurance Application. If you wish to attach the Supporting Documentation to the Insurance Application, you may do so at any time, but it is not required for an initial submission. An OPIC staff member will review the Insurance Application (and any Supporting Documentation that you provide) and contact you with further instructions.

FORM 52 -- APPLICATION

For a description of OPIC’s Political Risk Insurance Application process and the answers to frequently asked questions (FAQs), please click here: <http://www.opic.gov/insurance/apply>.

Questions? Please email: applyins@opic.gov

Application for Political Risk Insurance (Form 52)

OMB No.: 3420-0011

Expiration Date: _____

Overseas Private Investment Corporation

1100 New York Avenue, NW Washington, DC 20527-0001

An Agency of the United States Government

NOTICE: This form requests from potential OPIC clients information that is required by OPIC's governing legislation - the Foreign Assistance Act of 1961, Title IV, as amended ("FAA") - to assist OPIC in determining whether applicants meet eligibility criteria for OPIC political risk insurance. Complete responses to the questions on this form are required to apply for OPIC insurance benefits under the FAA.

Responses to questions which call for estimates or projections should take the form of good faith statements made to the best of the applicant's knowledge and belief. Statements of fact provided to OPIC in this document must be accurate as of the date of execution of this document. In addition to other rights and remedies available to OPIC, misrepresentations or failure to disclose relevant information may result in criminal prosecution pursuant to 22 USC 2197(n), as well as cancellation of insurance if a policy is issued. Neither submission nor acceptance of this application implies that the project is eligible for insurance or that insurance will be provided.

Client information contained in this form will be deemed designated as confidential commercial information in accordance with OPIC's Freedom of Information Act (FOIA) regulations (22 CFR 706), and will be treated as confidential commercial information to the extent permitted by applicable law. As a federal agency, OPIC may not collect, or sponsor the collection of, information unless it displays a valid OMB Control Number with an expiration date that has not expired.

Paperwork Reduction Act Notice: This information is required to obtain benefits. The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to Essie Bryant, Agency Clearance Officer, 1100 New York Ave., NW, Washington, DC, 20527 and [Wendy Liberante](#), Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

Please click "Next" after reading the information above.

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Application for Political Risk Insurance (Form 52)

INSTRUCTIONS:

1. All applicants must fill out a complete application
2. All applicants must provide the certifications requested
3. If you use an attachment to answer any of the questions in this application, please write “see Attachment” in the appropriate answer block and indicate the corresponding question number on your attachment.
4. All applicants applying for OPIC insurance must sign this application. If an Investor is applying for OPIC insurance on behalf of other eligible Investors, OPIC also will require the ultimate beneficiary Investors to sign this application.

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QUESTION 1: Identify the Investor
Name of Investor:
OPIC Insurance Registration Number: <i>(See OPIC registration notification for assigned number.)</i>
Address:
City:
State:
Zip/Postal Code:
Country:
Telephone:
Fax:
E-Mail:
Website:
Occupation <i>(if individual)</i> :
Location of registration/incorporation <i>(if entity)</i> :
DUNS number:

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QUESTION 2 (for each investor listed above): Type of Investor (check one investor type only)

Entity Organized Under U.S. Law

Is more than 50% of both the total equity interest and each class of equity interests issued by the Investor and outstanding on the date hereof beneficially owned by U.S. citizens? *(If No, please contact OPIC before proceeding.)*

Is this entity a minority-owned business?

Is this entity a women-owned business?

Individual Investor

Is the Investor a citizen of the United States? *(If No, please contact OPIC before proceeding.)*

Entity Organized Outside of the United States

If organized other than as a corporation, is 100% of both the total equity interest and each class of shares or equity interests issued by the Investor and outstanding beneficially owned by U.S. citizens? *(If No, please contact OPIC before proceeding.)*

If organized as a corporation, is 95% or more of both the total equity interest and each class of shares or equity interests issued by the Investor and outstanding beneficially owned U.S. citizens? *(If No, please contact OPIC before proceeding.)*

Non-Profit/Non-Governmental Organization organized under U.S. Law

Is more than 50% of the Board of Directors composed of U.S. citizens?

Non-Profit/Non-Governmental Organization organized outside of the U.S.

Is 100% of the Board of Directors composed of U.S. citizens?

* OPIC deems a corporation organized under the laws of the U.S. or its states or territories to be beneficially owned by U.S. citizens if more than 50 percent of each class of its issued and outstanding stock is owned by U.S. citizens either directly or beneficially

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QUESTION 3: Identify the Authorized Representative

Name of Person OPIC should contact for information:

Title:

Company:

Address:

City:

State:

Zip/Postal Code:

Country:

Telephone:

Fax:

E-Mail:

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QUESTION 4: How Did You Learn About OPIC and its Services?

- OPIC Web site or other social media (Facebook, Twitter, etc.)
- OPIC sponsored workshop or event
- OPIC speaker at an industry event
- Other government agency (e.g. State/Embassy, Commerce, Treasury, TDA, SBA, USEXIM, etc.)
- Insurance broker
- Current or former OPIC clients
- Other (*please explain*) _____

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OPIC strongly encourages Investors to consider carefully the availability of private political risk insurance for their investments abroad. OPIC only offers insurance to Investors who, having investigated the possibility of obtaining insurance from private political risk insurers, decide to pursue OPIC insurance because private insurance is not available on terms sufficient to make the investment viable for the Investor, or because of specific benefits OPIC participation will bring to the investment.

QUESTION 5: Have you sought political risk insurance from the U.S. private political risk insurance market for the project?

Yes

No

QUESTION 6a: If private political risk insurance is available, is it in the amount necessary and on terms sufficient for the project's viability?

Yes

No

QUESTION 6b: If Yes, please explain why political risk insurance is being sought from OPIC. If No, please explain.

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QUESTION 7: Project Description

- **Briefly describe the project and investment structure.**

- **Please attach a copy of information memoranda, business plans, investment structure diagram or other descriptions of the project that would be helpful to OPIC's understanding of the project. Also provide copies of any project documentation such as company charter, joint venture documents, loan agreements, technical assistance agreements, management service agreements, lease agreements, loan guaranties, licenses or agreements with the host government, etc. All documentation must be in English.**

- **If entering into a contract to provide goods/services to a foreign government, please indicate total amount, date contract was/will be signed, and approximate date work will commence. Please attach a copy of the contract as well.**

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QUESTION 8: Please specify whether this project is:

___ An expansion of an existing enterprise

___ A new (greenfield) enterprise

___ A privatization of a state-owned company

___ Other (*please explain*) _____

QUESTION 9: Where is the project located? (*If in a remote location, please include GPS coordinates or attach a map showing the location.*)

QUESTION 10: Name of the entity (the "Foreign Enterprise") in the host country into which the investment will be made:

Foreign Enterprise:

Address:

City:

Postal Code:

Country:

Telephone:

Fax:

E-Mail:

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QUESTION 12: Current and Past Disputes

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Please identify and describe briefly any current or past disputes with respect to the project, the project's agency or instrumentality of the host government. Include all disputes that involved or currently involve the Investor, the Foreign Enterprise, or any participants in the project.

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QUESTION 13: Type of Investment to be Insured (*check all that apply*)

- Equity \$ _____
- Leases \$ _____
- Loans or Loan Guaranties \$ _____
- Technical Assistance or Management Agreements \$ _____
- Performance Guaranty/Advance Payment Guaranty/Other Guaranty/Contract Disputes \$ _____
- Other (*please explain*) \$ _____

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QUESTION 14: Type of Coverage Sought (Check all that apply)

- Expropriation
- Political Violence for Assets
- Non-Honoring of a Sovereign Guarantee*
- Inconvertibility
- Political Violence for Business Income
- Wrongful Calling of a Guaranty (*Bid bonds, advance payment, etc.*)
(If seeking coverage for wrongful calling of a guaranty, please provide draft/final copy of each of the guaranties you wish to insure).

* Please consult with OPIC regarding specific eligibility requirements for this coverage before proceeding.

QUESTION 15: Term of OPIC Contract: _____ years (OPIC can offer a minimum term of 3 years and a maximum term of 20 years)

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QUESTION 16: Investment Schedule

	Date	Amount
Initial Investment		
Subsequent Investments		
Expected date that commercial operations will begin		

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OPIC seeks to ensure that American insurance companies have an opportunity to compete for transportation insurance business associated with the export of goods to projects supported by OPIC programs. To encourage fair and open competition for this business, OPIC requires certain certifications from investors receiving OPIC insurance. Please complete section A, B, or C below, whichever is applicable.

A. No such certification is required if an Investor receiving OPIC insurance **does not have** a controlling interest in fact in the Project Company. If the Investor receiving OPIC insurance **does not have** a controlling interest in fact in the Project Company, please check the box below.

The Investor receiving OPIC insurance **does not have** a controlling interest in fact in the Project Company.

B. In those instances where the Investor **does have or will have** a controlling interest in fact in the Project Company, OPIC requires that the Investor certify that each contract for the export of goods from the United States in connection with the establishment of the Project contain a clause requiring that United States insurance companies have a fair and open competitive opportunity to provide insurance against risk of loss for such export of goods. If the Investor is able to so certify, please check the box below.

The undersigned certifies that each contract for the export of goods from the United States in connection with the establishment of the Project **does have or will have** a clause requiring that U.S. insurance companies have a fair and open competitive bid opportunity to provide insurance against risk of loss for such exports.

C. In those instances where the Investor **does have or will have** a controlling interest in fact in the Project Company, **but is unable to provide the certification requested immediately above**, please check **one** of the boxes below and provide details, explaining why you cannot do so at this time. In providing an explanation, please make specific references, as applicable, to project country, legal or other impediments.

Laws of the project country prohibit use of American insurance services for transportation insurance.

There are no U.S. exports associated with the establishment of this Project.

All transportation insurance associated with the export of U.S. goods to the Project is or will be arranged through the Investor's worldwide insurance program. It is not practicable to alter these arrangements for U.S. exports to the Project.

All transaction insurance associated with the export of U.S. goods to the Project is or will be arranged by a Project participant who is other than the Investor under such Project participant's insurance provider(s). It is not practicable to alter these arrangements for U.S. exports to the Project.

Other (Please explain):

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Investor Representations (to be made by each investor listed in Question 1)

<p>1. Eligibility to conduct business with the United States Government</p>	<p>Is the Investor, any related party or affiliate of the Investor, or any supplier to the project currently suspended, debarred or voluntarily excluded from procurement or non-procurement dealings with the United States Government (Executive Order 12549 February 18, 1986, 51 CFR 6370)? <i>(If <u>Yes</u>, please contact OPIC before proceeding.)</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Foreign Corrupt Practices Act*</p>			
<p>a.</p>	<p>To the best of the Investor's knowledge after due inquiry, has the Investor ever been the subject of an investigation under the Foreign Corrupt Practices Act of 1977, (as amended)? <i>(If <u>Yes</u>, please contact OPIC before proceeding.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p>
<p>b.</p>	<p>Has the Investor been convicted of, or been party to a final adverse administrative determination of, an offense under the Foreign Corrupt Practices Act of 1977, (as amended)? <i>(If <u>Yes</u>, please attach explanation.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p>
<p>c.</p>	<p>To the best of the Investor's knowledge after due inquiry, has the project been established (e.g., obtained licenses, approvals, permits, etc.) in compliance with all applicable laws pertaining to corrupt practices? <i>(If <u>No</u>, please attach explanation.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p>
<p>d.</p>	<p>Has the Investor established and maintained internal management and accounting practices and controls that are adequate to ensure compliance with all applicable laws pertaining to corrupt practices? <i>(If <u>No</u>, please attach explanation.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p>
<p>e.</p>	<p>Will the Project be carried out in compliance with all applicable laws, including those pertaining to corrupt practices? <i>(If <u>No</u>, please attach explanation.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p>
<p>f.</p>	<p>Has the Investor, or an authorized officer of the Investor, read and understood the OPIC Anti-Corruption Policies and Strategies Handbook, dated September 2006 as amended from time to time**? <i>(If <u>No</u>, please contract OPIC.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p>
<p>g.</p>	<p>Has the Investor provided a copy of the Anti-Corruption Handbook to all officers of the Investor and the Foreign Enterprise directly involved in the management of the project? <i>(If <u>No</u>, please explain.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p>

3. Is the Investor, or any officer or director of the Investor:		
a. presently under indictment? <i>(If <u>Yes</u>, please contact OPIC before proceeding.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. a party to any consent judgment or agreement with the SEC that restrains or restricts its activities? <i>(If <u>Yes</u>, please contact OPIC before proceeding.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the Investor, or any officer or director of the Investor:		
a. ever been convicted for any criminal offense other than a minor motor violation? <i>(If <u>Yes</u>, please contact OPIC before proceeding.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. ever been found by a court in a civil action or by the SEC or similar U.S. state agency to have violated any U.S. Federal or U.S. state securities law? <i>(If <u>Yes</u>, please contact OPIC before proceeding.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* OPIC, as an agency of the U.S. Government, does not support projects that involve illicit payments.

** The OPIC Anti-Corruption Policies and Strategies Handbook is posted on OPIC's website at:
<http://www.opic.gov/sites/default/files/docs/opicanticorruptionhandbook0906.pdf>.

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Each Investor must sign this application.

Applicant (*Investor*): _____

Applicant (*Investor*): _____

By: _____

By: _____

Name & Title (*print*): _____

Name & Title (*print*): _____

Date: _____

Date: _____

By signing this form, the Investor(s) hereby represents and warrants that (a) this form is identical in all material and substantive respects to OMB form No. 3420 0011 sent to the Investor by OPIC and (b) that the Investor understands that OPIC shall regard the Investor's answers to the questions on this form to be answers to the questions as asked on OMB form No. 3420 0011.

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