Request for Registration for Political Risk Insurance (DFC-002)

OMB No. []	
Expiration Date:	
United States International Development Finance Corp	oration
1100 New York Avenue, NW Washington, DC 20527-0001	
An Agency of the United States Government	

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 in this document must be accurate as of the date of submission. Anyone who knowingly makes a false statement with the intent to influence DFC's guarantees, loans, or other investments may be criminally prosecuted. Such false statements are also grounds for DFC to terminate a commitment or declare a contract default. These rights are in addition to any other rights or remedies available to United States government. Neither submission nor acceptance of this application implies that the proposed transaction is eligible for support or that support will be provided.

When trade secrets or confidential commercial or financial information are submitted to the agency in this collection, they will be held in confidence to the extent permitted by applicable law including the Freedom of Information Act ("FOIA") at 5 U.S.C. § 552(b)(4) and the agency's implementing regulations at 22 C.F.R. Part 706.

Paperwork Reduction Act Notice: This information is required to obtain or retain benefits. Federal agencies may not collect information unless a valid OMB Control Number with an expiration date that has not expired is displayed. The public reporting burden for this collection of information is estimated to average 30 minutes 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 Agency Clearance Officer, Records Management, United States International Development Corporation, 1100 New York Avenue, NW, Washington, DC, 20527 and to the DFC Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503.

Part 1: Investor(s) Information				
1. Investor*:				
Contact Name:	Title:			
Address:				
City:	State:	Zip/Postal Code:		
Country:	Telephone:			
E-Mail:	Web site:			
	applicable) pany's) most recent consolidated annu- ty for non-industrial companies):	al _ <u>\$</u>		
2. Investor is: A citizen of [A company organized i				
3. How did you hear about DFC?				
DFC sponsored workshop or event	DFC Web site or other social media (Facebook, Twitter, LinkedIn)	Other US Government Agency (e.g. State/Embassy, Commerce, Treasury, TDA, SBA, USEXIM, etc.)		
☐ DFC speaker at an industry event	☐ Insurance Broker	Current or former DFC clients		
Other (please specify)				

^{*[}Note to Forms Portal and Insight Programmers: Please add ability for additional investors to complete this question]

- 12 D : 17 C : 1	-
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 gove	
(c) The enterprise you will be investing in is: New An existing business to	be expanded or improved.
·	e host government owns:%
(e) Could this project result in significant adve	
(f) Could this project result in significant adve☐ Yes ☐ No	rse environmental impacts?
Part 3: Investment to be Made	
6. Investment to be Made (a) Total amount of investment:	\$
(b) Estimated date of investment:	
	de or irrevocably committed as of the date of registration? plain and indicate when the investment was made. \$

^{*}The DFC does not support projects that outsource U.S. jobs or relocate existing U.S. facilities.

(e) What do you	ı plan to insure?					
	Investors		Contractors & Exporters			
☐ Equity	Loan Guaranty	☐Bid Bond	Contract Disputes			
Debt	☐ Technical Assistance	Assets	Performance/Advance Payment Guaranties			
Lease		Other				
Other						
Part 4: Insurar	Part 4: Insurance Broker, Primary Insurer, Reinsurer, or Agent					
7. This registration	n is being submitted:					
☐ By the Investor						
<u>OR</u>						
☐ By the Primary	Insurer or Reinsurer					
<u>OR</u>						
By a licensed in	surance broker or broker					
agency						
□ OR						
By an agent*						
Contact:		Title:				
Address:						
City:		State:	Zip/Postal Code:			
Country:	7	Telephone:				
Ξ-Mail:						
*An agent assists the investor without engaging in activities (including, <u>inter alia</u> , 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 DFC insurance application (Form 003)?	
Investor	
Primary Insurer	
Licensed insurance broker or brokerage agency	
☐ Agent	
Part 5: Signature	
Investor Signature:	Date: