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# Application for Political Risk Insurance (DFC-003)

OMB No. 3015-0003

Expiration Date: 8/31/2022

## United States International Development Finance Corporation

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.

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# Application for Political Risk Insurance (Form 003)

**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 DFC insurance must sign this application. If an Investor is applying for DFC insurance on behalf of other eligible Investors, DFC also will require the ultimate beneficiary Investors to sign this application.

**QUESTION 1: Identify the Investor(s)\*Name**

**of Investor:**

**DFC Project ID:**

*(See Request for Registration for Political Risk Insurance (DFC Form 002))*

Address:

City:

State:

Zip/Postal Code<sup>1</sup>:

Country:

Telephone:

E-Mail:

Website:

Occupation *(if individual)*:

Location of registration/incorporation *(if entity)*:

Unique Entity ID (UEI) from SAM.gov:

**QUESTION 2: Identify the Authorized Representative**

**Name of Person DFC should contact for information:**

Title:

Company:

Address:

City:

State:

Zip/Postal Code:

Country:

Telephone:

E-Mail:

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<sup>1</sup> For U.S. addresses, the zip code+4 is required for the postal code/zip code field in the address.

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

**QUESTION 3: Have you sought political risk insurance from the private political risk insurance market for the project?**

- Yes
- No

**QUESTION 4a: 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 4b: If Yes, please explain why political risk insurance is being sought from DFC. If No, please explain.**

**QUESTION 5: 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 DFC's understanding of the project. Please also include a description (or a copy) of the project's plans for 1) environmental and social due diligence, mitigation, and monitoring processes; 2) consultation with project-affected communities (including disadvantaged and vulnerable groups); and 3) access to accountability and remedy for negative project impacts on individuals and communities. 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.

**QUESTION 6: 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 7: Where is the project located? (If in a remote location, please include GPS coordinates or attach a map showing the location.)**

**QUESTION 8: Name of the entity (the “Foreign Enterprise”) in the host country into which the investment will be made (if applicable):**

Foreign Enterprise:

Address:

City:

Postal Code:

Country: Telephone:

E-Mail:

**QUESTION 9: Government Involvement**

- Describe any host government involvement in the project such as any contracts, concession, or licenses from the government, any planned government purchasing or supplying, or any form of joint venture with the government.
- If entering into a contract to provide goods/services to a foreign government, give the name and address of the department or agency involved. Briefly describe any previous experience the Investor has had with this foreign government.

**QUESTION 10: Current and Past Disputes**

Please identify and describe briefly any current or past disputes with respect to this project that involve any 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.

**QUESTION 11: Type of Investment to be Insured (check all that apply)**

- |   |          |
|---|----------|
| <input type="checkbox"/> Equity   | \$ _____ |
| <input type="checkbox"/> Leases   | \$ _____ |
| <input type="checkbox"/> Loans or Loan Guaranties   | \$ _____ |
| <input type="checkbox"/> Technical Assistance/Management/Supply/or Contractors and Exporters Agreements | \$ _____ |
| <input type="checkbox"/> Performance Guaranty/Advance Payment Guaranty/Other Guaranty/Contract Disputes | \$ _____ |
| <input type="checkbox"/> Other ( <i>please explain</i> )  | \$ _____ |

**QUESTION 12: Type of Coverage Sought (check all that apply)**

- Expropriation (including Arbitral Award Default and Denial of Justice)
- Non-Honoring of a Sovereign Guarantee\*
- Breach of Contract for Capital Markets
- Inconvertibility
- Political Violence - Assets
- Political Violence – Business Income
- Political Violence – Forced Abandonment
- 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 DFC regarding specific eligibility requirements for this coverage before proceeding.*

**Question 13: Term of DFC Contract: \_\_\_\_\_ years**

**QUESTION 14: Investment Schedule**

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

**Question 15: May we share your information with other DFIs?**

May DFC share the following information with other development finance institutions (DFIs) who may be interested in working with DFC on the type of project/transaction you are proposing?

- (a) The Name of the Investor and Location from Question 1.
- (b) The Authorized Representative name, Title, and E-mail address from Question 2.
- (c) The DFC-designated sectoral category (e.g. financial services, power generation) that corresponds with the nature of your project/transaction.

Please note that this is not a guarantee that DFC will share your information nor a guarantee that recipients of the information will provide additional support to the transaction.

*Each Investor must sign this application.*

Applicant (*Investor*): \_\_\_\_\_

Applicant (*Investor*): \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Name & Title (*print*) \_\_\_\_\_

Name & Title (*print*) \_\_\_\_\_

*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. 3015-0003 sent to the Investor by DFC and (b) that the Investor understands that DFC shall regard the Investor's answers to the questions on this form to be answers to the questions as asked on OMB form No. 3015-0003.*