

INSURANCE ENQUIRY FORM

CONFIDENTIALITY / AUTHORISATION FOR LIMITED DISCLOSURE

All information contained in this Enquiry Form will be treated by ATI as confidential material. However, ATI may be required to disclose the documentation or information contained therein, or attached thereto, to its professional advisors, law enforcement or regulatory authorities, its facility brokers and insurance partners as there may be from time to time, and their reinsurers, it being further understood that this information will only be disclosed by ATI on the basis of each recipients(s) acknowledging to observe similar obligations of confidentiality in respect of that information. The Enquirer understands and hereby agrees that, by submitting this Enquiry Form, its attachments and any additional information to be submitted by the Enquirer at a later stage, the Enquirer has expressly authorised ATI to disclose the documentation or information contained in the Enquiry form in the manner aforementioned.

1. ENQUIRER.

1.1 Details of Enquirer		
Date of Enquiry:		
Name of Company:		
Contact Details:		
Email:	Tel:	Fax:
Capacity in which Enquiry is being made:		
Principal's Authority:		
Transaction for which insurance cover is requested:		

2. TYPE OF INSURANCE COVER REQUESTED

2.1 Details of Cover	
Amount and Currency of Cover Requested:	
Tenor:	
Expected policy start date:	
Type of Cover	
POLITICAL RISKS <input type="checkbox"/> Expropriation <input type="checkbox"/> Transfer Restriction <input type="checkbox"/> War and Civil Disturbance <input type="checkbox"/> Physical Damage <input type="checkbox"/> Business interruption <input type="checkbox"/> Embargo <input type="checkbox"/> Arbitration Award Default <input type="checkbox"/> Non-payment by sovereign/sub-sovereign obligor (e.g. parastatal; municipality) <input type="checkbox"/> Non-honouring of Sovereign Guarantee <input type="checkbox"/> Unilateral cancellation of operating licences <input type="checkbox"/> Goods-in-transit	COMMERCIAL RISKS <input type="checkbox"/> Non-payment by Private Obligor (Insolvency & Protracted default)

3. TRANSACTION/ INVESTMENT PARAMETERS

3.1 Details of Party to be Insured	
Name:	Country:
Legal Form:	
Nature of Business:	
3.2 Details of Risk Counterparty/ Project Enterprise	
Name:	Country:
Legal Form:	
Nature of Business:	
Relationship with the Insured party:	
3.3 Details of the Transaction/Project	
Insured Transaction/Project	
Value and Currency of Transaction/Project	
Transaction/Project Type	
Contract Terms & Conditions:	
Terms and Method of Payment:	
Transit Countries:	
Specific Comments:	

Signed for and on behalf of

(Company name)

Name

Position

Authorized Signature

Date