

Form:1

FOREIGN INVESTMENT INSURANCE



**APPLICATION FOR FACULTATIVE REINSURANCE
FOREIGN INVESTMENT INSURANCE**

To: The Islamic Corporation for The Insurance of Investment and Export Credit (“ICIEC”)

Applicant

Applicant’s name (Reinsured):

Nature of business:

Date Company was established:

Address:

Company Registration Number:

Name of Contact

Telephone No:

Fax No:

E-mail Address:

Investor

Guarantee Holder (Insured):

Country of Guarantee Holder:

Legal form:

Date of establishment:

Nationality:

Is the Guarantee Holder wholly or majority state owned?

Brief description of the Guarantee Holder’s nature of business

INSURED INVESTMENT

Current status of the project:

☐ Under establishment ☐ Established but not operating ☐ Established and operating

Name of project:

Host Country:

Location within Host Country:

Brief description of project:

Total cost of project (USD Million):

Form of investment insured:

Form of investment	Amount (USD Million)
Equity	
Shareholder loan	
Non-shareholder loan	
Loan guarantee / Financing	
Others	

Risks insured:

Risk insured	Premium rate	Amount (USD Million)
Currency Inconvertibility and Transfer Restriction		
Confiscation, Expropriation & Nationalization		
War and civil disturbance		
Breach of contract		
Non-Honoring of Sovereign Financial Obligations (NHSFO)		
Non-Honoring of Financial Obligations – Stated Owned Enterprise (NHFO-SOE)		

Period (duration of guarantee): years.

Waiting period: days.

Indemnity: (%)

POLICY TYPE

- ☐ Equity Investment Insurance Policy
- ☐ Financing Facility Insurance Policy
- ☐ Non-Honoring of Sovereign Financial Obligations (NHSFO)
- ☐ Non-Honoring of Financial Obligation – State Owned Enterprise (NHFO-SOE)

REINSURANCE REQUESTED

Risk reinsured	Amount retained by the Applicant (USD Million)	Amount to be ceded (USD Million)
Currency Inconvertibility and Transfer Restriction		
Confiscation, Expropriation & Nationalization		
War and civil disturbance		
Breach of contract		
Non-Honoring of Sovereign Financial Obligations (NHSFO)		
Non-Honoring of Financial Obligations – Stated Owned Enterprise (NHFO-SOE)		

Ceding commission:

Brokerage payable by Reinsured, if any:

RI brokerage, if any:

1. We request ICIEC to inform us whether, and, if so, on what terms, ICIEC would be prepared to make a reinsurance support available in respect of the investment described in this Application.
2. We undertake to notify ICIEC of any information we may receive about the proposed reinsurance.
3. We certify that the representations made and facts stated by us in this Application are true and that we may have neither misrepresented nor omitted any material facts which might effect on the reinsurance decision which we ask that ICIEC make available to us. We undertake to advise ICIEC promptly of any changes that may occur in the details shown in this Application.

This Application must be signed by a Director or a person authorized by the Company's Board of Directors or an Officer of the Company in accordance with the Company's Articles of Association or equivalent constitutional document to sign this Application, or documents of the same nature as this Application, on behalf of the Company.

Signed

On behalf of *[Name of Applicant]*

Capacity of Signatory:

Date:

Please provide a copy of the original policy wording

Form:2

EXPORT CREDIT INSURANCE COVER



**APPLICATION FOR FACULTATIVE REINSURANCE
EXPORT CREDIT INSURANCE COVER**

To: The Islamic Corporation for The Insurance of Investment and Export Credit ("ICIEC")

Section A: Applicant

Applicant's name (Reinsured):

Nature of business:

Date Company was established:

Address:

Company Registration Number:

Name of Contact

Telephone No:

Fax No:

E-mail Address:

Section B: Primary Policy Holder

Type of Policy	
Risks to be Covered	
Name of Primary Policy Holder	
Country of Primary Policy Holder	
Description of the Contract/ Project	
Name and Country of Exporter:	
Name and Country of Buyer/Bank:	
Amount Insured:	
Insured Percentage:	
Terms of payment	
Maximum Credit Period:	
Premium Rate	
Brokerage payable by Reinsured:	
RI Brokerage, if any:	
Ceding commission	
Reinsured's retention amount:	
Facultative Amount Required:	

Declarations:

4. We request ICIEC to inform us whether, and, if so, on what terms, ICIEC would be prepared to make a reinsurance support available in respect of the details described in this Application.
5. We undertake to notify ICIEC of any information we may receive about the proposed reinsurance.
6. We certify that the representations made and facts stated by us in this Application are true and that we may have neither misrepresented nor omitted any material facts which might effect on the reinsurance decision which we ask that ICIEC make available to us. We undertake to advise ICIEC promptly of any changes that may occur in the details shown in this Application.

This Application must be signed by a Director or a person authorized by the Company's Board of Directors or an Officer of the Company in accordance with the Company's Articles of Association or equivalent constitutional document to sign this Application, or documents of the same nature as this Application, on behalf of the Company.

Signed

On behalf of *[Name of Applicant]*

Capacity of Signatory:

Date:

Please provide a copy of the original policy wording and underwriting report