

المؤسسة العربية لضمان
الإستثمار وائتمان الصادرات
The Arab Investment & Export
Credit Guarantee Corporation



Lease Insurance Application

Lease Insurance Application¹

Requested Cover:

Commercial Risks

Non-Commercial Risks

PART "I"

1) Information about the Applicant (Lessor):

1-1 Name:

1-2 Mailing address:

Country:

1-3 Nationality:

1-4 Legal status (natural / juridical person):

Legal form (if the applicant is a juridical person)

1-5 If the applicant is a juridical person, state the following particulars of shareholders:

Name	Nationality	% of Shares Held to Capital
.....
.....
.....

1-6 Nature of business:

Manufacturer

Independent leasing company

Other

1-7 Date of establishment:

1-8 Number of employees:

1-9 Paid up capital:

1-10 Years engaged in

- Local leasing:

- Cross-border leasing:

1-11 Total lease transactions for the last three years:

- Local leasing:

- Cross-border leasing:

¹ The applicant is urged to keep the Corporation's insurance in complete confidentiality, especially from the lessee.

1-12 What are your principal foreign markets?

1-13 What are the principal assets leased?

1-14 Authorized Contact Person:

Name: . Title:

Tel: Fax: Email:

1-15 Is the Contact Person solely authorized to sign the application?

Yes No

In case the answer is yes, please provide a copy of the precise delegated signing authorities.

PART "II"

2) Information about the Lease Transaction:

2-1 Progress of the transaction:

Firm Lease Negotiating Lease Responding to Invitation to Bid

2-2 Total value of the lease:

(Please attach a copy of the final lease agreement if available, or a draft copy setting forth, at least, those provisions required by the policy.)

2-3 Leased assets:

New Used

a. Specify quantity, model, serial no., and year of manufacture:

b. Describe the asset functions:

c. Manufacturer or vendor if other than applicant:

d. Country of origin:

e. Original purchase value:

f. Estimated value of leased assets at the end of lease term:

g. Who will own the leased assets at end of lease term?

h. Is title of ownership on each of the leased assets encumbered?

Yes No

If yes, please attach an explanation:.....

i. Does the lease give you the right to repossess the leased assets in the event of default?

Yes No

2-4 Is the lessee going to be the user of the leased assets?
 Yes No

If no, identify the user entity and its location:.....

2-5 Have you ever had to repossess assets sold to or leased into the lessee's country?
 Yes No

If yes, were you successful in your repossession? Yes No

If yes, where did you resell or release them?.....

- 2-6 What procedures or measures have you undertaken to assure:
- a. That you maintain good title to the leased assets in the country of the lessee in this transaction?

 - b. That you will be able to repossess and re-export the leased assets?

- 2-7 Does the lease establish an unconditional obligation of the lessee to make:
- a. irrevocable periodic payments? Yes No
 - b. irrevocable non-periodic payments? Yes No

2-8 Date of shipment of leased assets?

2-9 Assets to be transported by:
 Land Sea Air

(Kindly indicate the countries that the assets cross on the way to lessee's country)

2-10 Other insurance:
The Corporation requires that the lessor be loss payee for Transit and Causality Insurance for the actual cash value of the leased assets:

I. Has transit insurance been obtained? Yes No

II. For what actual cash value?

III. Effective date: from to

IV. Has causality insurance been obtained? Yes No

V. For what actual cash value?

VI. Effective date: from to

For finance lease, (answer only questions 2-11 to 2-14)
For operating lease (answer only questions 2-15 and 2-18)

2-11 Contract price of the leased assets:

2-12 Advance payment:

2-13 Terms for periodic repayments:

Monthly Quarterly Semi-Annually Annually

Number of installments: Commencing on:

2-14 Do you wish to insure any non-periodic payments? Yes No

If yes, please specify the credit limit requested:.....

2-15 At what point after default do you commence repossession procedures of the assets and how long do you estimate would it take for a successful repossession?

2-16 What is the period for the repossession process you wish to insure?

2-17 What is the requested credit limit for periodic payments falling due during the requested repossession efforts period?

2-18 Do you wish to insure any non-periodic payments? Yes No

If yes, please specify the credit limit:.....

PART "III"

3) Information about the Lessee

(Please attach the lessee's audited financial statements for the last three years)

3-1 Name:

3-2 Address:

City: Country: P.O. Box:

Tel: Fax: Email:

3-3 Banking Reference (Bank(s) Name & address, and account No.):

3-4 Legal status (natural / juridical person):

(Legal form if the lessee is a juridical person)

3-5 Nature of business:

Manufacturer Agricultural Services Commercial

3-13 Have there been any previous dealings between the lessor and the lessee?

- Yes No

If yes, please answer sections A, B C, & D:

A: Value of leases up to application date

Year	Amount (US\$)
.....
.....
.....

B: Unsettled outstanding dues at application date:

Amount (US\$)	Due date	Reason for non-payment
.....
.....
.....

C. Total value of current outstanding exposure:

D. Describe the lessee's payment history:

- Prompt 1-30 days delay
 30 - 60 days delay More than 60 days delay

3-14 Are there/have there been any disputes between the lessor and the lessee?

- Yes No

If yes kindly provide more details:.....

4) Other Details:

State any other factors or considerations not referred to elsewhere in this application which might affect the conclusion of the insurance contract or its scope:

.....

.....

.....

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.....

I certify/confirm that the information given hereinabove is true and accurate, and that I have not misrepresented or hidden any information that may affect the Corporation's insurance decision in any way should such information or facts be known to them, and I hereby undertake to bear all the consequences if proved otherwise. Furthermore, I am ready to explain any statement and give answers to any enquiries by AIECGC.

Signature of the applicant

Name:

Capacity:

Date: / /

To be sent to:
Arab Investment & Export Credit Guarantee Corp.
Fax: +965 4959596/7
Email: :operations@dhaman.org