



Request for Registration for Political Risk Investment Insurance

Overseas Private Investment Corporation

An Agency of the United States Government

1100 New York Avenue, N.W.

Washington, D.C. 20527

Insurance Department

Tel : 202/336-8595

Fax : 202/408-5142

NOTICE: The public reporting burden for this collecting of information is estimated to average 20 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 aspect of this collection of information, including suggestions for reducing this burden, to Forms Manager, Office of Management Services, Overseas Private Investment Corporation, 1100 New York Avenue, N.W., Washington, D.C., 20527; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

Page 2 of Registration Request for (Name in Question 1, Line 1):

INVESTMENT TO BE MADE BY APPLICANT

5	A	Total amount of investment and/or exposure:	\$
	B	Estimated date of investment:	
5	C	What do you plan to insure?	Under the Contractor's and Exporter's program:
		<input type="checkbox"/> Equity <input type="checkbox"/> Loan/Loan Guaranty	<input type="checkbox"/> Bid Bond
		<input type="checkbox"/> Debt <input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Contract Disputes
		<input type="checkbox"/> Lease <input type="checkbox"/> Other:	<input type="checkbox"/> Performance or Advance Payment Guaranties

PROJECT RESULTS

6	A	Could this project result in reduced U.S. employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B	Could this project result in significant procurement from other industrialized countries (e.g., Japan, France, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSURANCE BROKER

If you wish to designate a U.S. licensed broker or agency as the broker for this project, you must do so at this time.

7	Name:		
	Title:		
	Company:		
	Address:		
	City:	State:	Zip Code:
	Telephone:	Fax:	
	8	Will the broker complete the OPIC insurance application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	How did you hear about OPIC? <input type="checkbox"/> Conference <input type="checkbox"/> OPIC web site <input type="checkbox"/> Other Govt. Agency (specify SBA, TDA, etc.):		
	<input type="checkbox"/> Insurance Broker <input type="checkbox"/> Former/Other OPIC clients <input type="checkbox"/> Other (specify):		

SIGNATURE

"I hereby affirm that no portion of this investment has been made or irrevocably committed as of the date appearing below."

Signature:	
Name (Please Print):	
Title:	
Investor/Company:	Date:

FOR OPIC USE ONLY

Route To:	<input type="checkbox"/> Approved
Registration No.:	Signature: _____ Date: _____
Registration Date:	<input type="checkbox"/> Issue Sensitive Industry Registration
Project Description:	<input type="checkbox"/> Issue Letter of Intent
	<input type="checkbox"/> Rejected
SIC Code:	Signature: _____ Date: _____