



## CREDIT INSURANCE PROPOSAL FORM

### INSTRUCTIONS:

1. Please complete this application. All questions applicable must be answered.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. Have this form signed and dated by a legally authorized representative.

### PROPOSER DETAILS:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_

2. Subsidiaries to be insured - please list all subsidiaries for which coverage is requested:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

3. Please give a general description of the Proposer's Business:

4. (a) Goods to be insured:

- (b) Are the goods to be insured of standard manufacture?

Yes ☐ No ☐

If not, please give details:

- (c) Is pre-delivery coverage required?

Yes ☐ No ☐

If so, please complete our Pre-delivery Questionnaire

5. Please give details of details of any security, guarantees, non-recourse financing and credit insurance currently in force in respect of the debtors to be insured.



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### SALES AND INFORMATION:

1. Estimated sales for current year:

For tax purposes please provide a breakdown of domestic and export sales for the Insured and any Additional Insureds:

Name of Insured and Additional Insureds	Country	Turnover (Domestic)	Turnover (Export)

\*Domestic turnover relates to the country where the individual Company is domiciled

2. Are there any seasonal peaks in sales?

Yes ☐ No ☐

If so, please give details:

3. Are the sales to be insured the Proposer's total sales

Yes ☐ No ☐

If not, please give details:

4. Normal terms of payment (see also Credit Procedures Questionnaire, question 4.)

5. Summary of Annual Sales and Losses, Currency

Currency =

	Turnover	Gross(*) Bad Debt Losses	Largest Gross(*) Loss	No. of Losses
Current year to:				
<input type="text"/>				
Last year To				
<input type="text"/>				
Prior Year to:				
<input type="text"/>				



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Prior year to:

Prior year to:


\*"Gross" means before recoveries from any source

6. Please give breakdown of losses as requested in Appendix B.

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### DEBTOR ANALYSIS:

1. Please give a description of the types of debtor to be insured

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2. Please give details of the Proposer's top 20 debtors exposures as requested in Appendix C.

3. Totals of debtor balances:

1<sup>st</sup> Quarter to

Total

2<sup>nd</sup> Quarter to

Total

3<sup>rd</sup> Quarter to

Total

4<sup>th</sup> Quarter to

Total

4. High credit exposure. Please give the following analysis of debtors as at the date of the highest total outstanding receivable balance during the past 12 months

Date of analysis:

Debtor Bank (\$\*)

0 – 5,000

5,001 – 10,000

10,001 – 50,000

50,001 – 100,000

100,101 – 250,000

250,001 – 500,000

500,001 – 1,000,000

1,000,001 above

Total

% Debt	Amount Debt	% Buyers	No. of Buyers
100%		100%	

\* £ Sterling, or equivalent. Please state currency:



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5. Please attach a recent debtor ageing

(a) By country

(b) By debtor

6. Has the Proposer rescheduled or restructured any debts owed by any debtor within the last two years?

Yes ☐ No ☐

If so, please give details:

### PLEASE ENCLOSED WITH THIS PROPOSAL FORM

1. The Proposer's most recent consolidated annual report and financial statements.
2. Representative product brochures and marketing materials.
3. A written description of the Proposer's credit and collection policy, which should cover all of the areas mentioned in the attached Credit Procedures Questionnaire.
4. A current debtor ageing (see **Debtor Analysis**, Question 5.)
5. Appendices A, B and C to this Proposal Form
6. Our Pre-Shipment Questionnaire, if appropriate

#### THE PROPOSER WARRANTS BY THE SIGNING OF THIS PROPOSAL BY AN AUTHORISED OFFICER:

1. THAT, TO THE BEST OF ITS KNOWLEDGE, THE STATEMENTS SET FORTH HEREIN AND ANY INFORMATION OR STATEMENTS FURNISHED HEREAFTER ARE TRUE, THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD AND THAT THE CREDIT PROCEDURES SUPPLIED AS PART OF THIS APPLICATION SHALL BE MAINTAINED AND ENFORCED; AND
2. THAT IT WILL NOT DISCLOSE TO ANY THIRD PARTY OR TO ANY DEBTOR ANY DISCUSSIONS OR CORRESPONDENCE RELATING TO THIS PROPOSAL NOR THE EXISTENCE OF ANY POLICY WHICH MAY BE ISSUED, EXCEPT IN CONFIDENCE TO ITS INSURANCE BROKER OR BANK. THE SIGNING OF THIS PROPOSAL DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL AND ANY INFORMATION, STATEMENTS AND OTHER DOCUMENTATION SUPPLIED TO THE COMPANY SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED AND SHALL FORM PART OF ANY POLICY ISSUED.

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_

(to be signed by Chairman/CEO or equivalent)

Company: \_\_\_\_\_

Date: \_\_\_\_\_



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## APPENDIX A

## SALES DATA

**State Currency:**

Country	Sales in last 12 months	Projected sales in the next 12months	No. of years selling on credit terms	Payment terms in the last 12 months	Payment terms proposes for the next 12 months	Country Limit Requested*
TOTAL						

\*the Country Limit Requested should represent the maximum anticipated outstanding over the next 12 months for the countries listed (excluding cash and confirmed, irrevocable letter of credit sales)



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### APPENDIX B

Please complete the following in respect of credit losses during the last four (4) years, whether or not insurance is being requested for the debtor or country. For the purposes of this schedule, a credit loss is any trade debt, insured or uninsured, which has not been paid within six months of the due date and/or debts which have been deemed uncollectible.

State Currency:

Debtor and Country	Shipment date (month/year)	Cause Loss	Gross Invoice Value	Recoveries	Net Loss

\* Excluding any insurance claims payments and/or amounts received from non-recourse financing arrangements.



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### APPENDIX C

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#### TOP 20 DEBTORS

1. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

2. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

3. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

4. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

5. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

6. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

\* The term “debtor” comprises the debtor and all companies and other entities controlling, controlled by, or under common control with the debtor, where control means ownership directly or indirectly of more than fifty per cent (50%) of the voting share capital. For a complete definition, please refer to the policy wording, Definition II.A., Buyer.



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### 7. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 8. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 9. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 10. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 11. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 12. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 13. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_



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### 14. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 15. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 16. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 17. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 18. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 19. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_

### 20. Name, Country

Parent Company: \_\_\_\_\_  
Credit Limit Required: \_\_\_\_\_  
Terms of Payment: \_\_\_\_\_