

Application Form

Instructions

Please inform us of the terms on which you are prepared to issue a Trade Credit Insurance Policy to us. To enable you to do this, we give you, in the strictest confidence, the following information. Use the currency unit the policy is denominated in.

Your company

Company name (correct legal entities)		Trading name	
Registration number (if applicable)			
Registered address	City	State	Zip code
Postal address	City	State	Zip code
Telephone	Fax		

Joint applicants

Company name (correct legal entities)	Trading name
Company name (correct legal entities)	Trading name

Nature of your business

Describe the Trading Activity including the kind of goods/or services sold.

To what sector(s) are the goods/services sold? Wholesalers Retailers
Describe.

How long have you been trading in this sector?

Country of origin of the goods.

Estimated turnover details

Please provide estimated turnover and requested Country Limit for the next 12 months based on where your customer is domiciled.

IMPORTANT NOTE. All figures, wherever possible, should exclude the value of transactions with associated and subsidiary companies, government departments, Government or State Taxes, retention monies, cash sales and sales to the public. Please continue on a separate page if necessary.

Country	Estimated annual turnover of Trade Credit Sales	Estimated number of active accounts	Normal terms of payment (see notes below)*	Requested country limit
Total	No.			

* If non standard terms of payment apply to any customer please give details in appropriate section on page 2.

Cover required

Please select which policy is required.

Select one

This policy will be issued in a single currency (Policy Currency) selected from the following. All figures shown in the proposal form must be in the Policy Currency you have chosen.

Select one

APPROVED CLAIM CURRENCY: Claims will be paid in either the Policy Currency or in any other currencies listed above provided invoicing took place in the currency in which the claims is to be paid. The currency hereby chosen cannot be amended during the policy period.

Select one

Non-standard terms of payment & contracts

Do any of the following occur in your business?

If yes, please provide full details.

Trading on consignment basis. Please provide copy of agreement.

 Yes No

Sales or commission/sales or return basis.

 Yes No

Provide full details.

Forward dating of invoices.

 Yes No

How many days?

Long term contracts (over 6 months)

 Yes No

Provide details of such contracts.

Retention monies

 Yes No

Non-standard terms of payment.

 Yes No

Provide full details.

Contract or set-off trading

 Yes No

Provide full details.

Extended terms of payment.

 Yes No

Provide full details.

Total of debtors balancesAs of 31st of MarchAs of 30th of JuneAs of 30th of SeptemberAs of 31st of December

Is there any seasonality to the business? If so, please explain.

Debtor profile of active customers

Please indicate the number of customers, by size of department and indicated approximate percentage of the debtors balances these customers represent.

Debt balance outstanding at any one time.**Number****Approx. total outstanding**

10m+

5m-10m

2.5m – 5m

1m – 2.5 m

500,001 – 1m

250,001 – 500,000

100,001 – 250,000

25,001 – 100,000

10,001 – 25,000

Up to 10,000

**Policies,
guarantees
and/or securities
held or applied
for**

If you at present hold or are currently negotiating any of the following in connection with the credit risk on any of your customers, please select the boxes accordingly and provide additional information as requested.

Policy of issuance. Yes No
Provide copy of agreement and expiry date.

Factoring arrangement or invoice discounting. Yes No
Provide copy of agreement.

Personal guarantees. Yes No
Please provide list.

Retention of title in condition of sales. Yes No
Provide copy.

Other securities. Yes No
Provide list.

Major customers listed by size of account.

Name and address	City	State	Zip
Credit limit required	Annual credit turnover with customers	Highest O/S balance in last 12 months	
Remarks			
Name and address	City	State	Zip
Credit limit required	Annual credit turnover with customers	Highest O/S balance in last 12 months	
Remarks			
Name and address	City	State	Zip
Credit limit required	Annual credit turnover with customers	Highest O/S balance in last 12 months	
Remarks			
Name and address	City	State	Zip
Credit limit required	Annual credit turnover with customers	Highest O/S balance in last 12 months	
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Credit limit required	Annual credit turnover with customers	Highest O/S balance in last 12 months	
Remarks			
Name and address	City	State	Zip
Credit limit required	Annual credit turnover with customers	Highest O/S balance in last 12 months	
Remarks			

**Credit
management**

Do you have a written credit procedure manual? Yes No

If yes, please provide a copy.

Do you use a credit reporting agency? Yes No

If yes, please provide details of agencies used and type of reports obtained.

Trade references Yes No

Number used.

Bank reports Yes No

Are credit limits established from previous experience? Yes No

Who, in your company, is responsible for compliance with credit management procedures adopted?

Name

Position

If credit management is not centralized at the address on page 1, please provide further details.

How often do you update credit information?

Are the following procedures used for overdue accounts?

Reminder by phone or fax Yes No

How many days after due date is contact made?

Reminders in writing Yes No

How many days after due date are letter(s) sent?

Stop credit/shipments Yes No

How many days after due date is credit stopped?

Legal action Yes No

How many days after due date is legal action taken?

Use of collection agency Yes No

Which collection agency is used?

How many days after the due date are they instructed?

Does anyone outside the credit department have the authority to override a Yes No

decision of the credit department?

If yes, please explain.

Please provide a **copy of your financial accounts** to assist in the underwriting of your company.

This information will be kept strictly confidential.

Duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance. Your duty, however, does not require the disclosure of a matter that:

- a. Diminishes the risk to be taken by us;
- b. Is of common knowledge;
- c. We know or, in the ordinary course of our business, ought to know; or
- d. We say does not matter to us

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we also have the option of avoiding the contract from its beginning.

CO-INSURANCE Our Policy operates on the principle of co-insurance. This means that you will be considered at your own risk for:

- a. An agreed percentage of any loss you may suffer;
 - b. So much of any indebtedness owing to you as exceeds the Credit; and
 - c. Any Deductibles applicable to your policy.
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Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

(The state-specific notices listed below supersede this notice).

Notice to New York Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Arkansas Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to California Applicants:

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Applicants:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Notice to Kentucky Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Louisiana and West Virginia Applicants:

Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maine and Tennessee Applicants:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. In Maine, penalties may include imprisonment, fines or a denial of insurance benefits. In Tennessee, penalties include imprisonment, fines or a denial of insurance benefits.

Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to Ohio Applicants:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants:

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Virginia Applicants:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature and declaration

We declare that we have read and understood the notifications above and that the information given on this form (including any additional lists, forms, schedules or attachments) is to the best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to QBE Insurance Corporation which might affect your decision whether to accept the risk. We further declare that none of the customers is a subsidiary or associated company of ours and that we have no interest direct or indirect, in any of the customers.

The signing of this application does not bind you or us to enter into an insurance contract. However it is agreed that this application has been and will continue to be relied upon should a policy be issued and this application will be incorporated into and constitute a part of the policy.

Company stamp or full name of Company (ies)

Signature

Date

Printed name of signatory

Title

Email address

Broker/agent

Contact name

Email address
