



Application to Renew

Your policy

Policy number

We confirm that your Policy specified above expires on the at 12:01 am, as listed in your Declaration. We would like to issue a policy to you after this date and ask you to complete this form and return it to us so that we may provide you with a renewal quotation.

Cover required

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 of the other currencies listed above provided invoicing took place in the currency in which the claim is to be paid. The currency hereby chosen cannot be amended during the policy period.

Select one

Insurable turnover

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.

Country	Estimated annual turnover of Trade Credit Sales	Estimated number of active accounts	Normal terms of payment	Requested country limits.
	Total			
		Total		

Nature of business

Has the nature of your business, currently insured under this Policy, changed in any way during the policy period? Yes No
If yes, give full details of the changes involved.

This policy is not automatically renewed when you complete this form.

Your individual details and requirements

Check your name (including trade names if applicable) and address as shown in your Declaration to the Policy. Show below any changes that are required.

Do you require any associate companies or related entities to be added as joint insureds? Yes No

If yes, please complete a Application Form and letter of subscription providing full details.

Reports of notifiable events

Are you currently reporting any Notifiable Events under this Policy? Yes No

If yes, please supply the names of the account that are currently Notifiable.

Claims

Do you have any doubtful debts in respect of which you intend to claim under your policy with QBE Trade Credit but have not yet done so? Yes No

If yes, then show the following details:

Name and address of Debtor

Total amount owed by Debtor

Please ensure you complete the necessary claim forms as soon as possible.

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.

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

**Additional space
if required**