

Credit Insurance Application

1. General Information

Name of Applicant

Address

City

State

Zip

Phone

Fax

Email

Representative and title of person designated to receive all notices concerning this insurance:

2. Nature of Applicant's Business

A. Coverage desired:

Domestic

Export

Both

B. Kind of business:

Manufacturer

Wholesaler

Service

Other

C. Kinds of services provided:

D. Percentage of total sales to:

Manufacturers

Wholesalers

Retailers

Other

E. Normal terms of sale:

F. Longest terms of sale (including dating):

G. Average gross profit margin (percentage):

3. Anticipated Sales and Spread of All Active Accounts For The Next 12 Months

A. Anticipated sales on open terms for the next 12 months excluding sales to related companies and government institutions:

Domestic (US only) Export

B. Size of Accounts

	Anticipated Number of Accounts	Anticipated Annual Sales in Each Category
Over \$1,000,001 outstanding at one time	<input type="text"/>	<input type="text"/>
\$500,001-\$1,000,000 outstanding at one time	<input type="text"/>	<input type="text"/>
\$100,001-\$500,000 outstanding at one time	<input type="text"/>	<input type="text"/>
\$50,001 - \$100,000 outstanding at one time	<input type="text"/>	<input type="text"/>
\$25,001-\$50,000 outstanding at one time	<input type="text"/>	<input type="text"/>
\$10,001-\$25,000 outstanding at one time	<input type="text"/>	<input type="text"/>
\$5,001-\$10,000 outstanding at one time	<input type="text"/>	<input type="text"/>
\$2,501-\$5,000 outstanding at one time	<input type="text"/>	<input type="text"/>
Up to \$2,500 outstanding at one time	<input type="text"/>	<input type="text"/>

4. Markets

Please indicate approximately the percent of sales per country where your buyers are domiciled. If more space is needed, please list on separate schedule:

Country	Approximate Number of Accounts	Anticipated Annual Sales (US \$ Dollars)	Terms of Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Total Accounts Receivable

Quarter Ending	\$
<input type="text"/>	<input type="text"/>
Quarter Ending	\$
<input type="text"/>	<input type="text"/>
Quarter Ending	\$
<input type="text"/>	<input type="text"/>
Quarter Ending	\$
<input type="text"/>	<input type="text"/>

6. Past Experience

A. Domestic

Fiscal Year Ending	Total Sales	Net Bad Debt Losses	Largest Single Loss	Number of Losses
Current Year				

B. Export

Fiscal Year Ending	Total Sales	Net Bad Debt Losses	Largest Single Loss	Number of Losses
Current Year				

7. Past Due Accounts

A. List ALL accounts proposed for insurance that are more than 60 days past due from ORIGINAL DUE DATE. If none, please so state. (US \$ Dollars)

Name and Address of Account	Original Due Date(s)	Total Dollars Over 60 Days Past Due	Total Dollars Outstanding

- B. List ALL accounts currently causing you concern, even if not 60 days past due.
If none, please so state.

Name and Address of Account	Reason for Concern

8. Policies, Guaranty and/or Securities

- A. Provide details of any personal or corporate guaranty as well as securities you hold on any accounts to be insured.

- B. Provide details of any current credit insurance policy or factoring agreement.

- C. Have you applied for credit insurance in the past two years? Yes No

Did you purchase? Yes No If not, why?

- D. Has any credit insurance policy or factoring agreement been declined, cancelled or refused renewal within the last two years? Yes No

If yes, give details.

9. Pre-Delivery Risk

A. Do you require coverage for the pre-delivery or work in progress risk? Yes No

If yes, please answer the following questions:

B. What is the maximum delivery period? Days

C. What is the average delivery period? Days

D. Do you confirm orders in writing? Yes No

E. Do customers have the right to cancel confirmed orders? Yes No

Under what terms?

F. What is your previous experience in regard to pre-delivery risks?

Have you experienced any losses? (US \$ Dollars) Yes No

Fiscal Year Ending	Net Bad Debt Losses	Country

The undersigned officer of the applicant declares that to the best of his/her knowledge the warranties and representations set forth in Sections 1, 2, 5, 6, 7, 8 and 9 are true, and the statements set forth in Sections 3 and 4 are a reasonably accurate representation of the applicant's business. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued, and this form will be attached to and become part of the Policy.

Applicant Date

By:

Authorized Signature Title

Typed or Printed Name

Please submit a copy of your last annual financial statement with this application. This information will remain confidential and will be used exclusively for our own underwriting purposes. IT WILL NOT be disclosed to any third party.

10. Credit Limits requested for:

Exact Name and Address of Buyer

Current Credit Limits Requested

Agreed Terms of Sale if Different from Terms in Item 3 of Application

LEAVE BLANK For Atradius Use Only

Exact Name and Address of Buyer	Current Credit Limits Requested	Agreed Terms of Sale if Different from Terms in Item 3 of Application	LEAVE BLANK For Atradius Use Only

Fraud warnings

Applicable in Alaska

A person who knowingly and with intent to injure or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

Applicable in California

For your protection, California law requires the following to appear on this form: It is unlawful to: (a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance, (b) Prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any such claim. Every person who violates any provision of this section is punishable by imprisonment in the state prison, or by fine not exceeding one thousand dollars (\$1,000), or both.

Applicable in Colorado

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in Florida

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

Applicable in Idaho

Any person who knowingly, and with intent to defraud, or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Applicable in Maine

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

Applicable in Michigan

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

Applicable in Minnesota

A person who submits an application or files a claim with intent to defraud or helps to commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New Mexico

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.

Applicable in New Jersey

Any person who knowingly and with intent to defraud any insurance company or other persons, files a 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, subject to criminal prosecution and civil penalties.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other persons, 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

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.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the 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.

Applicable in Oregon

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Applicable in Pennsylvania

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

Applicable in Tennessee
and Virginia

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.