



175 Water Street ♦ New York, NY 10038 ♦ Facsimile: (212) 485-5020

RENEWAL APPLICATION FOR CREDIT INSURANCE

1. Insured

1.1 Name: _____

Address: _____

2. Sales and Loss Information

2.1 Please provide sales and loss data, and the amount of the largest single Buyer loss, for the past year. Losses should include both amounts reserved and amounts written off.

Domestic Sales and Losses

| | Domestic Sales | Gross Domestic Bad Debt Losses | Number of Losses | Largest Single Domestic Loss (Gross Amount) | Typical Domestic Terms of Sale |
|-------------------------|-----------------------|---------------------------------------|-------------------------|--|---------------------------------------|
| 20__ | | | | | |
| Current Yr. (Projected) | | | | | |

Foreign Sales and Losses

| | Foreign Sales | Gross Foreign Bad Debt Losses | Number of Losses | Largest Single Foreign Loss (Gross Amount) | Typical Foreign Terms of Sale |
|-------------------------|----------------------|--------------------------------------|-------------------------|---|--------------------------------------|
| 20__ | | | | | |
| Current Yr. (Projected) | | | | | |

2.2 Within the past year, has the Insured rescheduled or restructured the debt owed by any Buyer? _____ . If yes, please provide details on a separate sheet.

3. **Buyer Analysis**

3.1 Breakdown of Buyers for which coverage is requested, if materially different from the expiring policy:

| Maximum Projected High Credit Exposure* | | Number of Buyers |
|---|-----------|------------------|
| \$0 - | \$50,000 | |
| 50,001 - | 100,000 | |
| 100,001 - | 250,000 | |
| 250,001 - | 500,000 | |
| 500,001 - | 1,000,000 | |
| 1,000,001 - | 1,500,000 | |
| 1,500,001 - | 2,000,000 | |
| Above - | 2,000,000 | |
| Total: | | |

* Exposure per Buyer is usually significantly less than annual aggregate sales per Buyer.

3.2 Approximately how many accounts over \$100,000 were placed with attorneys or collection agencies for collection during the past year? _____

What was the total amount of such accounts? _____

4. **Other Information**

4.1 Are you aware of any material deterioration in the financial condition of any Buyer insured, or to be Insured, or of any circumstance that may reasonably be expected to result in a loss (that the Company has not already been made aware of)? _____. If yes, please attach details.

4.2 Please attach details of any Buyer which is insolvent or more than 90 days past due in any payment obligation.

4.3 Please complete Appendices A, B, & C (attached).

4.4 Buyer Renewal Applications are attached for each of the current approved Buyers. Please have the Insured complete and sign them. Are there any additional Buyers that require limits above the DCL? Please have the Insured complete a Buyer Renewal Application for any such Buyer.

Authorized Signature of Applicant: _____

Name of Authorized Signatory (Print): _____

Title: _____

Corporation: _____

Date: _____

Telephone: _____

APPENDIX B

BUYERS REPRESENTING TEN HIGHEST CREDIT EXPOSURES

Please provide a list of the top ten (10) Buyers (domestic or foreign, or both, as applicable to this application) which represent the largest anticipated high credit exposure over the next twelve (12) months.

| Buyer State/Country (Please indicate D&B # if known) | SALES | | PAYMENT TERMS | | Buyer Limit Requested* | ACCOUNTS RECEIVABLES AGING* | | |
|--|-------------------|--------------------------------|-------------------|--------------------------------|------------------------------|-----------------------------|-----------------------------|-------------------------|
| | Last 12 Months | Projected Next 12 Months | Last 12 Months | Projected Next 12 Months | | Current | 61 - 120 Days Overdue | 121+ Days Overdue |
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* The Buyer Limit Requested should represent the maximum anticipated outstandings over the next 12 months for the Buyer named.

