

PRELIMINARY STATEMENT OF CLAIM UNDER CREDIT INSURANCE POLICY

Insured: _____, (the "Insured").

Credit Insurance Policy No.: _____, (the "Policy").

This Statement of Claim is filed by the undersigned with the COFACE NORTH AMERICA INSURANCE COMPANY (the "Company"), at its office in East Windsor, NJ under the provisions of the above referenced Policy issued by the Company. Neither the Company's retention or acknowledgment of this Statement of Claim, nor the Company's failure to acknowledge its receipt hereof, or to object to any claim, statement or matter enumerated herein, shall be held to be a waiver by the Company of any provisions of the Policy or of any defect or omission in this Statement.

All columns must be completed and the affidavit set forth below must be fully executed. Insured shall cooperate with the Company in the administration of any claim and shall provide any and all such additional information and documentation as the Company may require.

Name & Location of Debtor	Date of shipment	Original terms of sale	Date of insolvency	Date of notification of insolvency	Amount of indebtedness at date of insolvency	Total reduction of indebtedness since date of insolvency	Net covered amount claimed

AFFIDAVIT

STATE OF _____

COUNTY OF _____

The affiant _____, first being duly sworn under oath, deposes and states that s/he is _____ of the Insured and is duly authorized to make and submit this Statement and claim on the Insured's behalf the sum of \$ _____, as an excess loss under the Policy. Affiant further deposes and states that s/he has undertaken all due inquiry and that each and every statement and particular set forth in the foregoing Statement of Claim is true and correct to the best of her/his knowledge and that all claims for losses include only the unpaid purchase price of merchandise sold and delivered by the Insured and either owned by the Insured or on which the Insured had assumed liability and that none of the losses hereinabove specified is covered by any policy, contract or bond of indemnity issued by any other company. Affiant further deposes and states that the total gross sales from the date of commencement of the Policy to the present date, after deducting items specifically excluded under the terms of the Policy amount to \$ _____.

Sworn to before me this _____ day of _____, 20_____.

By: _____

Affiant

Notary Public: _____

Notary Seal