

No. \_\_\_\_\_

All copies must be filed with the Company. Acknowledgement will be validated and returned.

**Notification of Claim**

Date: \_\_\_\_\_ 20\_\_\_\_



Pursuant to Credit Insurance Policy No. \_\_\_\_\_ issued by The Coface North America Insurance Company we hereby place for collection the subject account:

Name of Debtor: \_\_\_\_\_

(including trade style)

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Debtor's Phone: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

1. Business of Debtor: \_\_\_\_\_

2. Amount Owing: \$ \_\_\_\_\_ Terms of Sale: \_\_\_\_\_

Attach itemized statement of account in triplicate. On the statement attached, show fully the original terms of sale and the original maturity of each item. If the indebtedness is for Notes, state plainly the dates of shipment of merchandise for which the Notes were given and the original terms of sale.

3. Debtor's rating at time of shipment: \_\_\_\_\_

4. Nature of Insolvency, if any: \_\_\_\_\_

5. Date of Insolvency, if any: \_\_\_\_\_

6. Name & Address of party in charge of debtor's estate:

\_\_\_\_\_  
\_\_\_\_\_

7. Attach all correspondence related to your collection efforts. If the debtor disputes the account, please describe in detail on a separate letter.

8. Any security, guarantee, indemnity or instruments you hold on this account must be attached.

9. Advise of any settlement offer and terms thereof.

10. Debtor's Bank and Account No.: \_\_\_\_\_

Warning — 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.

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Do Not Write in the Following Spaces**

Jan.					July				
Mar.					Sept.				
May					Nov.				