



TRADE CREDIT INSURANCE APPLICATION

Please print or type and attach additional sheets where necessary

I. APPLICANT INFORMATION

1. Legal Name:		
2. Address:		
City:	Province:	Postal Code:
3. Website:		
4. Contact Name and Title:		Telephone:
5. Insurance Brokerage:		Broker's Name:

II. BUSINESS DESCRIPTION

1. Nature of Business: Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Importer <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> Please Specify:		
2. Products and/or services to be insured:		
3. Year business established:		
4. Are you presently insured? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide details: Insurer's Name: Expiry Date:		
5. Do you currently purchase Political Risk Insurance coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>		

III. COVERAGE REQUIRED

1. Policy currency: CAD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/>		2. Terms of sale:	
3. Do you require coverage for pre-delivery or work in progress risk? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please answer the following:			
a. What is the maximum production period? days		b. What percentage of sales requires pre-shipment coverage? %	
4. Do you have affiliated companies that need to be added to the policy as Additional Insured(s) Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please list company's name(s), address(es):			

IV. A/R ANALYSIS

1. Current A/R balance: \$		Date:	
2. Average No. of days sales outstanding:			
3. Please summarize A/R balance below			
Current:		1- 30 days past due:	
31- 60 days past due:		61-90 days past due:	
More than 90 days:			
4. List all buyers that are 60 days past due:			

V. FORECAST

Sales estimated for the coming 12 months (exclude sales to affiliates of the applicant(s), sales on terms of CAD, ILC)

Country	Sales Forecast	Currency	Maximum Terms of Payment
1. Canada	\$		
2. USA	\$		
3.	\$		
4.	\$		
5.	\$		

VI. THREE YEAR SALES AND BAD DEBT HISTORY

Please indicate current year and three previous years in descending order starting with current year:

	Current Year:	Year:	Year:	Year:
Canadian Sales	\$	\$	\$	\$
Largest Bad Debt:	\$	\$	\$	\$
Total Bad Debt:	\$	\$	\$	\$
Number of Bad Debts:				
USA Sales	\$	\$	\$	\$
Largest Bad Debt:	\$	\$	\$	\$
Total Bad Debt:	\$	\$	\$	\$
Number of Bad Debts:				
Export Sales	\$	\$	\$	\$
Largest Bad Debt:	\$	\$	\$	\$
Total Bad Debt:	\$	\$	\$	\$
Number of Bad Debts:				
<i>Please describe any unusually large write offs/losses caused by a circumstance other than the Buyer's insolvency or protracted default: (attach a separate sheet if necessary)</i>				

VII. BUYER ANALYSIS

1. Buyer profile of your active customers:

Balance outstanding at any one time	Number of buyers in range	Total amount of sales in range
Over \$2,000,000		
\$1,000,001 - \$2,000,000		
\$500,001 - \$1,000,000		
\$250,001 - \$500,000		
\$100,000 - \$250,000		
\$50,001 - \$100,000		
\$20,000 - \$50,000		
\$10,000 - \$20,000		
Up to \$10,000		
Total		

2. Major buyers by credit limit size:

Name and Address	Credit Limit Required	Current A/R Balance	# of Years as a Customer	Terms of Payment (if different from standard)

VIII. SIGNATURE AND DECLARATION:

- ONLY DULY APPOINTED LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE UNDERWRITING MANAGER ACCEPTS THE APPLICATION AND BINDS THE COVERAGE. THE TAXES DUE UPON INCEPTION DATE OF THE POLICY ARE THE RESPONSIBILITY OF THE APPLICANT.
- CO-INSURANCE: Our policy operates on the principle of co-insurance. This means that you will be considered your own Insurer for: an agreed percentage of loss you may suffer; the amount of any indebtedness owing to you as exceeds the Permitted Limit; and any deductibles applicable to your policy.
- It is agreed that the Insurance Brokerage noted in Section I question 5, has been assigned by the Applicant to act as the broker of record with respect to all matters pertaining to the Applicant's Trade Credit Insurance program.

4. False Information:

Any person who knowingly and with intent to defraud any insurance company, managing general agent or other person, files an Application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

5. This clause applies to the Province of Quebec only

It is the express wish of all parties that this Application and any related documents be drawn up and executed in English. Les parties conviennent que la présent proposition et tous les documents s'y rattachen soient rédigés et signés en anglais.

6. Signature and Declaration

The undersigned officer of the Applicant declares that he/she has read and understood the notifications above and that the information given on this form (including any additional attachments) is to the best of his/her knowledge and belief correct and represents an 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 a part of the Policy.

Authorized Signature

Title

Typed or printed name

Date

NOTE: THIS APPLICATION and all exhibits shall be treated in strictest confidence. For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.