

APPLICATION FOR COMMERCIAL ACCOUNTS RECEIVABLE INSURANCE POLICY

- COMMERCIAL ACCOUNTS RECEIVABLE INSURANCE—DOMESTIC RISKS SHIPMENTS**
- COMMERCIAL ACCOUNTS RECEIVABLE INSURANCE—EXPORT RISKS SHIPMENTS**
- COMMERCIAL ACCOUNTS RECEIVABLE INSURANCE—GLOBAL RISKS SHIPMENTS**

Whole Turnover Cover

Named Buyer Cover

Please answer all questions and submit all requested information. Terms appearing in bold in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The **Insurer** will hold this **Application**, including all materials submitted herewith, in confidence. Whenever used in the **Application**, the term “Applicant” shall mean the **Insured**.

A) DEMOGRAPHIC INFORMATION:

1. Please provide the following information:

Name of Applicant Company (“Applicant”):

Duns Number (D&B) if known:

Applicant Mailing Address:

City:

State:

Zip:

State of Incorporation (if applicable):

Applicant Contact Person:

Title:

Contact Phone:

Contact E-mail:

2. Has the Applicant been in business for over three years?

Yes No

3. Does Applicant wish to request coverage under this Policy for any additional **Insured(s)**?

Yes No

If yes, are additional **Insured(s)** in the same primary industry line of business NAICS code(s) under which Applicant operates?

Yes No

If yes, the balance of the questions in this **Application** will apply to the **Insured** and all eligible additional **Insureds** on a combined basis.

If not, a separate application will be required with any coverage to apply under a separate policy.

If yes, identify any eligible additional **Insured(s)** you would like added to this Policy by:

Company Name:

Principal Address:

City:

State:

Zip:

Contact Name:

Contact Phone:

Contact E-mail:

Website Address:

4. Please advise if a loss payee is to be added to the Policy:

Yes No

If yes, provide:

Loss Payee(s):

Loss payee name:

Contact person:

Legal mailing address:

City:

State:

Zip:

5. Identify Applicant's primary industry line of business NAICS code(s), and all other NAICS codes under which Applicant operates:

Sector **Description**

- 31-33 Manufacturing
- 42 Wholesale Trade

Sector **Description**

- 48-49 Transportation and Warehousing
 - 48412 General Freight Trucking, Long-Distance
 - 48423 Specialized Freight (except Used Goods) Trucking, Long-Distance
 - 484121 General Freight Trucking, Long-Distance, Truckload
 - 484230 Specialized Freight (except Used Goods) Trucking, Long-Distance
 - None of the above
- 54 Professional, Scientific, and Technical Services
 - 541810 Advertising Agencies
 - 541820 Public Relations Agencies
 - 541830 Media Buying Agencies
 - 541840 Advertising Agencies
 - 541850 Outdoor Advertising
 - 541860 Direct Mail Advertising
 - 541870 Advertising Material Distribution Services
 - 541890 Other Services Relating to Advertising
 - None of the above
- 56 Administrative and Support and Waste Management and Remediation Services
 - 5613 Employment Services
 - 56132 Temporary Help Services
 - 56131 Employment Placement Agencies and Executive Search Services
 - 561311 Employment Placement Agencies
 - 561312 Executive Search Services
 - 561320 Temporary Health Services
 - None of the above

6. List principal goods and/or services sold and/or provided by the Applicant and, if applicable, additional **Insured(s)** for which insurance is sought:

B) COVERAGE REQUEST

7. Priority reason for seeking to purchase commercial accounts receivable insurance (Select 1):

- | | |
|--|---|
| <input type="checkbox"/> Risk Mitigation | <input type="checkbox"/> Financing |
| <input type="checkbox"/> Extend more competitive terms | <input type="checkbox"/> Lower bad debt reserve |

8. Please provide the following sales information for the Applicant, and any included additional **Insured(s)**:

	Domestic (US & Canada)	Export (non-US & Canada)	Total Sales
Forecast (Current Year)			
Annual Sales (Most Recent FY)			
2 Yr. Previous FY			
3 Yr. Previous FY			

9. Is pre-shipment coverage requested? Yes No

If yes:

Are Applicant's and, if applicable, additional **Insured(s)**' products: Standard Custom Made

How easily could alternative buyers be found? Easy Moderate Difficult

Would products require modification if sold to other buyers? Yes No

If yes:

How extensive is such modification as a percentage of the original cost?

What is the salvage value of the product as a percentage of the original sale price?

10. Please provide Applicant's gross credit loss history, and, if applicable additional **Insured(s)**:

Applicant's and any Additional **Insured(s)** Gross Credit Loss History:

Fiscal Year	Value of Gross US & Canada Losses	No. of US & Canada Losses	Value of Gross Non-US & Canada Losses	No. of Non-US & Canada Losses
Current FY				
Previous FY				
2 Yr. Previous FY				
3 Yr. Previous FY				

11. Applicant's largest individual gross credit loss by Fiscal Year:

Fiscal Year	Buyer Name	Paid Loss (or Write-Off Amount)
Current FY		
Previous FY		
2 Yr. Previous FY		
3 Yr. Previous FY		

C) LIMIT REQUESTS

12. Please list all requested **Buyer** limits. For multiple entries, please attach a list for submission with form.

Name	Address	Country	NAICS	Limit of Liability

13. Please provide the Applicant's requested Country Limits (maximum sum of all exposed **Buyer** limits in the listed country during the next twelve [12] months):

Country	Projected Sales for the Next 12 Months	Requested Country Limit

For multiple entries, please attach a list for submission with form.

D) CREDIT INFORMATION:

14. What is Applicant's current Days Sales Outstanding ("DSO")?

Standard Terms of Sale:

Longest Payment Term:

- a. What is Applicant's highest accounts receivable ("A/R") balance over the past twelve (12) months?
 - b. What is Applicant's current outstanding A/R balance, as of the date of this **Application**?
 - c. What is Applicant's forecasted highest A/R balance over the next twelve (12) months?
15. What percentage of A/R are sixty (60) or more days overdue as of the date of this Application (0-100%)?

E) DECLARATION/WARRANTY:

16. Declaration Signature:

I, _____ do hereby verify, to the best of my knowledge, that the statements set forth in this **Application** and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but this **Application** shall be the basis of the contract should a policy be issued.

It is acknowledged and agreed that the representations and statements contained in this **Application** are accurate and true and shall be considered material to the decision of the **Insurer** to issue the insurance. The undersigned agrees that, if after the date of this **Application** and before the effective date of any policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** inaccurate or incomplete, then the undersigned shall notify the **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would complete, update or correct such information. In such event, the **Insurer** in its sole discretion may modify or withdraw any outstanding quotation.

No **Insured** has knowledge, as of the date written below, of any fact, circumstance, or situation which (s)he has reason to suppose might result in a **Buyer's** failure to meet its obligations under a **Contract of Sale**, except as follows (if the answer is "none," so state):

If any **Insured** has such knowledge as of the date below written, whether or not described above, it is agreed that the **Insurer** shall not be liable to pay for any loss subsequently emanating from such contract(s) of sale.

The **Insurer** shall maintain on file this **Application**, including material submitted therewith, which shall be physically attached to, and part of, the Policy, if issued. The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Loss** or potential **Loss**. All such notices must be separately submitted to the **Insurer** pursuant to the terms of the Policy, if and when issued.

Signature

Date:

Name:

Title:

Company

Phone:

Email: