



Atradius
Managing risk, enabling trade

Credit Insurance Application

1. General information

Name			
Company			
Address			
Phone		Fax	
		Email	
Why do you seek credit insurance?			
<input type="checkbox"/> Risk Mitigation	<input type="checkbox"/> Financing	<input type="checkbox"/> Both	<input type="checkbox"/> Other <input type="text"/>

2. Nature of Applicant's Business

A. What do you sell/what services do you provide?			
B. Do you manufacture the goods that you sell?			
<input type="checkbox"/> yes <input type="checkbox"/> no			
If not, then what is the source of the goods?			
C. To which trade sector do you sell?			
D. Percentage of total sales to:	Manufacturers	Wholesalers	Retailers
E. What are your normal terms of sale?			
Longest terms?			
F. What are your estimated sales for the coming year (excluding sales to associated companies)?			
G. How much of this business will be cash or confirmed irrevocable letter of credit terms?			
Domestic	\$	Export	\$

3. What type of coverage do you require?

- A. Export and domestic coverage? ☐ yes ☐ no
- B. Domestic coverage only? ☐ yes ☐ no (If yes, this application should relate to your domestic business only)
- C. Export coverage only? ☐ yes ☐ no (If yes, this application should relate to your export business only)
- D. Do you require coverage for pre-delivery risk or work in progress risk? ☐ yes ☐ no (If yes, please answer the following questions)
- What is the maximum delivery period? days
- What is the minimum delivery period? days
- E. Do you confirm your orders in writing? ☐ yes ☐ no
- F. Do customers have the right to cancel confirmed orders? ☐ yes ☐ no If yes, under what terms?
-

G. What is your previous experience with regards to pre-delivery risks?

H. Have you had any pre-delivery losses?

Fiscal Year Ending	Net Bad Debt Losses	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Your business in the last five years

Please do not include details of sales to associated companies in which you have a direct or indirect interest as they are not covered by the policy. If you want to cover this business, we will provide you with a separate form on which to give the details. Please also exclude sales to government owned buyers in your domestic market, as the policy does not apply to such business.

Fiscal Year Ending	Sales (excluding sales tax)	Net Losses	Largest Loss*	Number of Losses
Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please attach any details of abnormally high loss, or any loss caused other than by the buyer(s) insolvency or default.

5. Your buyer profile

Maximum amount outstanding	Number of buyers in range	Total amount in range
Over \$2,000,000		\$
\$1,000,001 - \$2,000,000		\$
\$ 500,001 - \$1,000,000		\$
\$ 250,001 - \$ 500,000		\$
\$ 100,001 - \$ 250,000		\$
\$ 50,001 - \$ 100,000		\$
\$ 25,001 - \$ 50,000		\$
\$ 10,001 - \$ 25,000		\$
\$ 5,001 - \$ 10,000		\$
\$ 2,501 - \$ 5,000		\$
Up to \$2,500		\$
Total		\$

6. Your fiscal year

Accounts receivable balances at:

Quarter Ending		\$
Quarter Ending		\$
Quarter Ending		\$
Quarter Ending		\$

Average number of days for which sales are outstanding (from invoice date):

Aging of receivables at (date):

Current	\$		
1-30 days past due	\$	61-90 days past due	\$
31-60 days past due	\$	More than 90 days past due	\$

7. Past due accounts

Please give details below of any accounts that are seriously past due, or causing you concern:

Name and address		Original due date	
Action taken		Amount outstanding	\$
Name and address		Original due date	
Action taken		Amount outstanding	\$
Name and address		Original due date	
Action taken		Amount outstanding	\$
Name and address		Original due date	
Action taken		Amount outstanding	\$

Please attach a separate sheet if necessary.

8. Collections and security

A. How many days after due date do you contact your customer?

Phone	<input type="text"/>	days
Letter	<input type="text"/>	days
Visit	<input type="text"/>	days
Stop shipments	<input type="text"/>	days
Collection agency or attorney	<input type="text"/>	days

B. Do you include retention of title in your conditions of sale? ☐ yes ☐ no

C. Do you ascertain that the retention of title is valid in the countries you are exporting to? ☐ yes ☐ no

D. Do you have any factoring or invoice discounting agreements or other security relating to any accounts? ☐ yes ☐ no

If so, please give brief details:

E. Do you have existing credit insurance policies? ☐ yes ☐ no

If so, please give brief details: Renewal date:

F. Have you applied for credit insurance in the past two years? ☐ yes ☐ no Did you purchase? ☐ yes ☐ no

If so, please give brief details:

G. Has any credit insurance policy or factoring agreement been declined, canceled or refused within the last two years? ☐ yes ☐ no

If so, please give brief details: *(Not applicable in Missouri)*

H. Do you always act in the capacity of contractual principal? ☐ yes ☐ no

If not, please give brief details:

9. Your credit management

A. How soon after shipments of goods or rendering of services are invoices sent? (days)

B. When do you send statements?

C. How often do you assess your customers' creditworthiness (status reports, trade references, etc)?

D. Do you maintain and operate credit limits?

E. When do you evaluate the customer? (e.g. before shipment)

F. How often do you update your credit information?

G. Who in your company is responsible for your credit management policy?

10. Your markets

Please list your sales for each country in which you sell (excluding intercompany sales):

Country Name	Sales during last 12 months	Estimated sales for next 12 months	Terms of sale if different from normal terms
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

11. Your key customers

1. Name:		Address:		Country:	
Highest balance:		Annual Sales:	\$	Terms if different from your normal terms:	
2. Name:		Address:		Country:	
Highest balance:		Annual Sales:	\$	Terms if different from your normal terms:	
3. Name:		Address:		Country:	
Highest balance:		Annual Sales:	\$	Terms if different from your normal terms:	
4. Name:		Address:		Country:	
Highest balance:		Annual Sales:	\$	Terms if different from your normal terms:	
5. Name:		Address:		Country:	
Highest balance:		Annual Sales:	\$	Terms if different from your normal terms:	
6. Name:		Address:		Country:	
Highest balance:		Annual Sales:	\$	Terms if different from your normal terms:	
7. Name:		Address:		Country:	
Highest balance:		Annual Sales:	\$	Terms if different from your normal terms:	
8. Name:		Address:		Country:	
Highest balance:		Annual Sales:	\$	Terms if different from your normal terms:	
Total sales to your top		customers:	\$	and as a percentage of your total sales:	%

Have you been refused coverage within the last 6 months on any of the buyers listed above?

☐ yes

☐ no

If so, please give brief details:

12. Special features

Are there any special features of coverage that you require? (e.g. consignment)

The undersigned officer of the Applicant declares that to the best of his/her knowledge the warranties and representations set forth in Sections 1, 2, 4, 7, 8 and 9 are true, and the statements set forth in Sections 3, 5 and 6 are a reasonably 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 becomes part of the Policy.

By:

Insured

Date

Authorized signature

Title

Typed or printed name

Please submit a copy of your latest annual financial statement with this application. This information will remain confidential and will be used exclusively for our own underwriting purposes. IT WILL NOT be disclosed to any third party.

Fraud Warnings

Applicable in Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
Applicable in Alaska	A person who knowingly and with intent to injure or deceive any insurance company, file a statement containing any false, incomplete or misleading information is guilty of a felony.
Applicable in Arizona	For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.
Applicable in Arkansas	Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any material false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.
Applicable in California	Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Applicable in Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Applicable in Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, file a statement of claim containing any false, or incomplete or misleading information is guilty of a felony.
Applicable in District of Columbia	It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim is provided by the applicant.
Applicable in Florida	Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a third degree felony.
Applicable in Hawaii	Any person who knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.
Applicable in Idaho	Any person who knowingly, and with intent to defraud, or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.
Applicable in Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Applicable in Iowa	Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.
Applicable in Kentucky	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.

Applicable in Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Maryland

Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Minnesota

A person who submits an application or files a claim with intent to defraud or helps to commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New Jersey

Any person who, with purpose to injure, defraud or deceive any insurance company, 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, subject to criminal prosecution and civil penalties.

Applicable in New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other persons, files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Oregon

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in Rhode Island

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in South Carolina

Any person who either intends to defraud or knows that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of fraud.

Applicable in Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in Texas

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Applicable in Utah

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Vermont

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Applicable in West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.