



### Broker of Record Appointment

Date:		Policy Number:	
Policyholder:		Insurance Company:	

This is to confirm that effective immediately we are pleased to appoint Global Credit Risk Management Inc. as our exclusive Trade Credit Insurance Broker, representing us in all matters pertaining to our Credit Insurance Program.

Under the terms of this appointment, Global Credit Risk Management Inc. is authorized to represent, but not bind, the above noted policyholder in its negotiations with various insurance markets for the purpose of placing a policy of insurance for our trade credit receivables specifically and its affiliates. This appointment will include, but is not limited to:

- Negotiating coverage parameters and policy structure;
- Negotiating policy wordings;
- Credit limits adjudications and support; and
- Liaising with the insurer(s) regarding all claim submissions.

This appointment is effective immediately and will remain in effect until cancellation in writing by either party is received.

Name:		Signature:	
Title:		Date:	

# Consent to Share Information Form

(Between EDC/Broker/Client)

Policy No. \_\_\_\_\_ issued to \_\_\_\_\_ (the “Insured)

Until EDC receives written notification from the Insured to the contrary and with respect to the Policy and any Domestic Supplementary Insurance Policy issued by Coface SA, Canada Branch to the Insured in connection with the Policy (collectively the “Policies”) the Insured authorizes EDC to provide Global Credit Risk Management Inc. (“the Broker”) with:

(i) access to all information and documentation concerning the Policies which is now or hereafter made available to the Insured on designated EDC website pages; and

(ii) all information and documents requested by the Broker concerning the Policies which is also available to the Insured including, but not limited to, information concerning the Insured’s compliance with the terms and conditions of the Policies, declarations, all credit approvals issued for all buyers, overdue reports, losses and claims.

This authorization is in addition to any previous or other authorization or direction to provide the Broker with information concerning any of the Policies and the revocation of this authorization shall not affect any such previous authorization or direction.

Insured Name:

Authorized Signature:

Date: