

**GLOBAL CREDIT RISK MANAGEMENT INC.**

**CREDIT INSURANCE  
APPLICATION**

Company Information			
Company Legal Name:			
Address:		City:	
Province:	Postal Code:	Website:	
Contact Name:		Title:	
Phone:	Ext:	Fax:	E-mail:
Number of Employees:		Year End:	Year Established:
Financial Institution:		Accounting Firm:	

Credit Insurance Information			
Do you currently have Credit Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which insurance company?			
In the past two years have you applied for Credit Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No    Did you purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?			
What is your interest in Credit Insurance?		<input type="checkbox"/> Risk Management	<input type="checkbox"/> Sales Expansion
		<input type="checkbox"/> Borrowing Enhancement	<input type="checkbox"/> Credit Decision Support
Products and/or services to be covered?			
Type of Coverage Desired? <input type="checkbox"/> Domestic <input type="checkbox"/> Export <input type="checkbox"/> Both			

Business Information			
Type of Business: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Service <input type="checkbox"/> Other (please specify):			
If you do not manufacture the goods you sell, what is the source?			
What percentage of your insured foreign sales are exported from Canada?			
Do you ship from countries other than Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which countries?			
All amounts in this application are in: <input type="checkbox"/> \$CDN <input type="checkbox"/> \$US    Desired Policy Currency: <input type="checkbox"/> \$CDN <input type="checkbox"/> \$US			
Total A/R last Quarter:		Average No. of Days Outstanding:	

Additional Insured	
Legal Name:	Address:
Relationship to Company:	% of Sales Exported from Canada:

Three Year Sales and Bad Debt History (including the Additional Insured)				
Period MMM/YYYY to MMM/YYYY	Prior Three Years			Current YTD
	_____ to _____	_____ to _____	_____ to _____	
<b>Canadian Sales</b>	\$	\$	\$	\$
Total Bad Debt	\$	\$	\$	\$
Number Bad Debts				
Largest Single Loss	\$	\$	\$	\$
<b>USA Sales</b>	\$	\$	\$	\$
Total Bad Debt	\$	\$	\$	\$
Number Bad Debts				
Largest Single Loss	\$	\$	\$	\$
<b>Export Sales</b>	\$	\$	\$	\$
Total Bad Debt	\$	\$	\$	\$
Number Bad Debts				
Largest Single Loss	\$	\$	\$	\$

**Projected Sales for the next 12 months (by country)**

Country	Maximum Terms of Payment	Sales Volume
		\$
		\$
		\$
		\$

**Major Buyers**

Name	Address	Phone Number	Limit Required
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$

**Credit Process and Procedures**

Do you have formal written credit procedures?  Yes  No If Yes, please attach a copy to the application.

How many full time employees are involved in credit and collection?

Who is responsible for granting credit within the company and what are the levels of authority?

Name:	Title:	Authority:
Name:	Title:	Authority:

What Sources of Credit Information do you use?	<input type="checkbox"/> Bank Reports	<input type="checkbox"/> Financial Statements
	<input type="checkbox"/> Credit Agency (if so which one(s)?):	
	<input type="checkbox"/> Other:	

Do you use credit applications?  Yes  No If yes, please attach a sample credit application form to the application.

What is the procedure for overdue accounts?

Do you place accounts for collection?  Yes  No If yes, when?

Do your invoices show terms of payment?  Yes  No The AR aging counts from:  Invoice Date  Due Date

Do you use dating terms?  Yes  No If yes, what terms?

Any policy of Insurance shall be issued based on the representations and warranties made in this Application. Such Application shall form part of the policy when issued. The undersigned officer declares that to the best of his/her knowledge, the representations contained herein are true and accurately describe the applicant's business. Furthermore, notification will be given to Global Credit Risk Management Inc. should there be any changes regarding the information provided between its submission and the issuing of the respective insurance policy.

It is agreed that Global Credit Risk Management Inc. has been engaged for the purpose of rendering insurance brokerage services with respect to your credit and political risk insurance requirements. The information submitted to Global Credit Risk Management Inc. will remain confidential and will be used strictly for underwriting purposes; it will not be disclosed to any third party, other than to the underwriters.

\_\_\_\_\_  
Name and Title:

\_\_\_\_\_  
Signature:

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