

Chubb Global Markets

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chubb.com/uk

Proposal Form – Credit

The information provided in this Proposal will be treated in the strictest confidence and, if fully completed, will enable us to assess your risks and determine whether we can indicate terms.

Before an insurance contract is entered into, the Applicant must make a fair presentation of the risk to the Company. An Applicant must disclose to the Company every material circumstance which the Applicant knows or ought to know. The disclosure must be made in a reasonably clear and accessible way. Every material representation of fact must be substantially correct and every material representation of an expectation or belief is made in good faith.

Before answering the questions in the proposal form and making a fair presentation to the Company, the Applicant must make a reasonable search of information available to it. The information may be held within the Applicant's organisation, or by a third party (including but not limited to subsidiaries, affiliates, an insurance broker or agent or any other entity who will be covered by the insurance)

or	Chu	bbτ	only	

Reference number:

Applicant's Details	
Company Name:	Registered Number:
Address:	Contact name:
	Position:
Postcode: Website:	Email:
Is cover required for any other group company? Yes	No If yes, please provide full details:
Business Activities	
In your business do you act as an agent or principal?	What kind of goods / services do you sell (Goods Insured)?
To which trade sector do you sell them?	What is the period from date of contract to date of shipment?
Do you manufacture the goods that you sell? Yes No	What are your normal terms of payment?
If yes, where are the goods manufactured?	

What is your average Days' Sales Outstanding?

If yes, please provide details:

Is your business seasonal? Yes No

Do you require any special features of cover? If yes, please specify:

Binding contracts cover Yes No Yes No Consignment stock Yes No Preferential claim Pre-shipment/work in progress Yes No Yes No Political Risk Yes Self-billing No Yes No Other

Other credit insurance policies, guarantees, securities

Do you at present hold any credit insurance policy, guarantees or security in connection with the credit risk on any of your Buyers?

Yes

No

If yes, what is it?

Do you factor, discount or otherwise assign your debts?

Yes No

If yes, please provide details:

Have you ever had an insurance policy cancelled or a renewal refused by an insurer?

Yes No

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If yes, please provide details:

Past Experience (please state currency if not £)

Financial Year M/Y	Turnover	Losses* (net of VAT)	Largest individual	Number of losses
1				
2				
3				
4				

Year to date:

To:

^{*} Please indicate if Losses given are (a) arising from shipments made during the year, or (b) in respect of losses occurring during the year. Please do not give write-offs made during the year.

Please provide details of largest individual losses:

Financial Year M/Y	Turnover	Losses* (net of VAT)
1		
2		
3		
4		
Year to date:		
То:		

Debtor Balances (please state currency if not £

As at last:

31 March 30 June

30 September 31 December

Current aged debt analysis (please state currency if not £)

As at:

Range	Total debt outstanding
Current (not yet due)	
1-30 days past due date	
31-60 days past due date	
61-90 days past due date	
Over 90 days past due date	
Total	

Buyer Profile (please state currency if not £, and amend the range values if appropriate)

Range	Total debt outstanding	Number of Buyers	Range	Total debt outstanding	Number of Buyers
0-5,000			75,001 – 100,000		
5,001 – 10,000			100,001 – 250,000		
10,001 – 25,000			250,001 – 500,000		
25,001 – 50,000			500,001 – 1,000,000		
50,001 – 75,000			1,000,000 +		

Projected turnover details (please state currency if not £)

Please provide details of your projected turnover excluding the following: sales to any associated or subsidiary companies; government departments, public authorities or nationalised undertakings except where you require cover in respect of Public Buyer Default.

Period From: to

Country	Estimated turnover	Maximum exposure at any one time	Terms of Payment

Principal Buyers (please state currency if not £)

Registered name	Registered address	Maximum exposure at any one time

List of accounts more than 60 days overdue, accounts giving cause for concern and/or where deliveries have been stopped

As at:

Name & address	Amount outstanding	Original due date	Action taken
Please continue on a separate sheet if necessary			

Credit Frocedures					
We need a fully completed Chubb Credit Procedures Q	uestionnair	e before a P	olicy can be issued.		
Do you have a credit procedures manual?	Yes N	No	If yes, please attach	Attached	
Sanctions					
Do you currently trade with any Buyers, individuals or Yes No If yes, please provide deta	-	ntries that a	re subject to US, EU or UK Sa	anctions?	
Do you carry out checks on your Buyers to ensure that	they are not	: subject to a	and US, EU or UK Sanctions?	Yes	No
Declaration					
On behalf of the Applicant, I declare that: I have made a fair presentation of the risk in a clear and Applicant (including information held by third parties) To the best of my knowledge and belief, the statements complete and that I am not aware of any circumstances	by disclosin set out in the	g all materia e this propos	al matters which the Applican sal form and the presentation	t knows or ought to of the risk are true	know. and
Name of signatory:		Position	n in the company:		
Signature:		Date:			
For and on behalf of:					
When you have completed and signed this form, plea	se forward i	it to:			
Trade Credit					

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