

MONTHLY RETURN OF NOTIFIABLE/REPORTABLE ACCOUNTS

Please advise us if your Monthly Returns of Notifiable/Reportable Accounts are up to date.

Yes No If the answer is "No", please attach an up to date Monthly returns

CLAIMS INFORMATION

Are you doubtful of any debts in respect of which you intend to claim under your policy with BCC Trade Credit but not have done as yet?

Yes No If Yes please provide the following information

NAME AND ADDRESS OF DEBTOR	TOTAL AMOUNT OWED BY DEBTOR
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please ensure you complete the necessary Claims forms as soon as possible.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

IF YOU DO NOT TELL US SOMETHING

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

CO-INSURANCE

Our policy operates on the principle of co-insurance. This means that you will be considered your own insurer for:

- a) an agreed percentage of any loss you may suffer;
- b) so much of any indebtedness owing to you as exceeds the permitted credit limit; and
- c) any deductibles applicable to your policy.

SIGNATURE AND DECLARATION OF POLICY HOLDER

We declare that we have read and understood the notifications above and that the information given on this form (including any additional lists, forms, schedules or attachments) is to the best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to The Insurer* which might affect your decision whether to accept the risk. We further declare that none of the customers are a subsidiary or associated company of ours and that we have no interest direct or indirect, in any of the customers.

The signatory warrant that they are duly authorised to sign this declaration on behalf of all applicants.

Organisation stamp or full name of applicant(s) Name of Signatory

Person Completing Form _____

Position in organization _____ Signature _____

Email _____ Date _____

Please return the completed form to tradecredit@tbcco.com.au within 30 days before of Policy expiry date;

PLEASE NOTE; Your Credit Insurance policy is Not automatically renewed upon completion of this form.

GPO BOX 111 SYDNEY NEW SOUTH WALES 2001 TELEPHONE. 1300 326 181
EMAIL. TRADECREDIT@TBCCO.COM.AU