

**TRADE CREDIT INSURANCE
SELECTIVE ASSIGNMENT**

THE INSURED

Business Name _____

Trading Name _____

Registered Address _____ Postcode _____

Postal Address _____ Postcode _____

ABN, ACN and/or other _____

Telephone _____ Fax _____

Email _____

The Insured for valuable consideration here by assigns all its right, title and interest in all monies, proceeds and other amounts assured by or to become payable to the Insured under or by virtue of the Policy.

THE ASSIGNEE

Business Name _____

Trading Name _____

Registered Address _____ Postcode _____

Postal Address _____ Postcode _____

ABN, ACN and/or other _____

Telephone _____ Fax _____

Email _____

DECLARATION AND UNDERTAKINGS OF THE INSURED AND THE ASSIGNEE

The Insured will irrevocably and unconditionally:

- a. authorise the assignee to submit claims under the policy for consideration by the insurer (and the Insurer will be entitled in all things to act on the written instructions of the Assignee in respect of any claims to the exclusion of the Insured to the contrary);
- b. authorise the Insurer to provide to the Assignee from time to time copies of all notices and other documents of material interest pertaining to the Policy, including the Credit Limit Endorsements of the relevant Insured buyers (and the changes thereto), notice of unpaid premiums and other information which may relate to or reveal the creditworthiness of the Insured ("the information");
- c. agree to hold the Insurer harmless from any error on the part of the Insurer in compiling, publishing or forwarding the information;
- d. acknowledge that the efficacy of this Assignment is subject to strict observance by the Insured of all the terms and conditions of the Policy; and
- e. agree to indemnify and hold the Insurer harmless in respect of any loss, claim, damages or demand suffered or incurred by the Insurer as a result of it acting in accordance with the provisions of this Assignment and this Assignment subsequently being found, determined or held to be void.

The Assignee accepts this Assignment, subject to the terms, conditions and undertakings as stated above.

SIGNATURES OF THE INSURED AND THE ASSIGNEE

The Insured and the Assignee, each for its part, by signing below accept the terms, conditions of this Assignment.

Signature of insured _____

Name of signatory _____

Date _____

Signature of the Assignee's Name _____

Name of Signatory _____

Date _____

The Assignee's Contact Name _____

The Assignee's Telephone Number _____

The Assignee's Email Address _____

DECLARATION AND UNDERTAKINGS OF THE INSURED AND THE ASSIGNEE

To the Insured and the Assignee:

- a. Pursuant to the Policy conditions, the Insurer hereby consents to the above assignment in this approved form. Such consent does not expressly or by implication vary, extend or otherwise affect its rights and liabilities under the Policy.
- b. The Insurer confirms that as at the date of its signing below:
 - 1. all premiums due on the Policy have been paid in full; and
 - 11. the Policy has not been cancelled.

For and on behalf of the Insurer:

Signature of the Underwriter _____

Name of signatory _____

Date _____