

Trade Credit Insurance Questionnaire

We need the information requested in this form to establish the type of cover that we can offer you. However, the answers that you give won't at this stage commit you to any particular policy, and will of course be treated in complete confidence.

1. YOUR DETAILS

Applicant Company Name: _____
 Address _____
 Telephone No. _____ Fax No. _____
 Postcode _____ Website: _____
 Country _____
 Name of Owner: _____ Date of Birth: _____
 Name of Director: _____ Date of Birth: _____

Do you have an existing credit insurance policy _____ Yes (which insurer?) _____ No

2. PLEASE RANK YOUR MOTIVATIONS FOR CONSIDERING THE PURCHASE OF CREDIT INSURANCE IN ORDER OF IMPORTANCE (1 = MOST IMPORTANT , 4 = LEAST IMPORTANT)

Risk Mitigation _____
 Financing reasons _____
 Better information on our customers _____
 Improve our credit management _____

3. YOUR BUSINESS

A. What do you sell /what services do you provide? _____
 B. Do you manufacture the goods that you sell? _____
 If not, what is the source of the goods? _____
 C. Please detail all trade sectors to which you sell: _____
 D. What are your normal terms of payment? _____
 E. What is your estimated turnover for the coming year (excluding sales to associated companies)? _____
 Domestic _____ Exports _____
 Please indicate currency: _____

% of T/O by Cash _____
 % of T/O by L/Cs & BG's _____
 % of T/O by PDC _____
 % of T/O by Open Account _____

L/Cs refers for letters of credit and BG's stands for Bank Guarantees

4. YOUR BUSINESS IN THE LAST FIVE YEARS

Please exclude i VAT
 ii sales to any associated or subsidiary companies as these aren't covered as standard by the policy
 iii sales to publicly owned buyers in your country ,as the policy doesn't apply to such business.

If you would like cover on any of these please let us know and include in your sales figures for our consideration

Financial year	Credit Turnover	Total bad debts	Largest bad debt*	Number of debtors
2011	_____	_____	_____	_____
2012	_____	_____	_____	_____
2013	_____	_____	_____	_____
Year to date 2014	_____	_____	_____	_____

**Please attach details of any loss caused other than by the buyer 's insolvency or default. e.g disputed debts*

5. YOUR DEBTOR PROFILE

Maximum amount Outstanding	Total amount outstanding in range	% of total	Number of debtors in range	% of total
Over 2,500,000	0.00		0	
1,000,001 -2,500,000	0.00		0	
500,001 -1,000,000	0.00		0	
250,001 -500,000	0.00		0	
100,001 -250,000	0.00		0	
50,001 -100,000	0.00		0	
25,001 -50,000	0.00		0	
10,001 -25,000	0.00		0	
5,001 -10,000	0.00		0	
2,501 -5,000	0.00		0	
1,001 -2,500	0.00		0	
Total	0.00		0	
	0.00		0	

6. DEBTOR AGED ANALYSIS (Please complete the customer aging as per invoice due date)

Debtor balance at

31-Mar		30-Jun	
30-Sep		31-Dec	

Average number of days, from invoice date, for which sales are outstanding

Current aged debt analysis	Amounts
Current (before due date)	
1 - 30 days from due date	
31 - 60 days from due date	
61 - 90 days from due date	
over 90 days from due date	
TOTAL	0.00

7. OVERDUE ACCOUNTS

Please give details of any accounts that are overdue or 'Causing you Concern'

Name and address	Amount outstanding	Original due date	Action taken

8. YOUR MARKETS AND TURNOVER

Your turnover for each of the countries to which you sell (excluding sales to associated companies)

Please indicate currency:

Country	Credit Turnover in last 12 months	Estimated Credit turnover for next 12 months	Terms of Payment

9. YOUR TEN PRINCIPAL CUSTOMERS

Please indicate currency:

	Credit Limit Required	Projected Annual Turnover for this year	Terms of payment
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____
Legal Name: _____ Address & Tel: _____	_____	_____	_____

10. Your declaration

We declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.

Permission to Disclose your name

In the event that Atradius would contact your buyer to obtain additional information to assess your limit requirement, do we have your mandate to disclose your name while contacting your customers?

Yes No

A copy of our latest financial statement/report is enclosed.

Yes No

Name : _____
Designation: _____
Date: _____

Company Stamp here:

13. Collection and security**How many days after due date do you contact your customers?**

By Telephone

By letter

By Visit

By stopping despatch

By Debtor Collector

Retention of title**I) Do all of your insured contracts incorporate an "all monies" Retention of Title clause?**Yes No

If No please explain

II) In the past 2 years, have you had cause of exercise your RoT rights?Yes No NA **III) If Yes, did your exercising of the RoT rights prove successful?**Yes No

If No please explain

Do you have any factoring or invoice discounting agreements or other security relating to any accounts?Yes No

If Yes please give brief details

Do you have any existing credit insurance policies?Yes No

If Yes please give brief details (including renewal date)

Have you ever been refused credit insurance?Yes No **Do you always act in the capacity of contractual principal? (i.e. a party of the contract is legally entitled to take recovery action?)**Yes No **When do you raise your invoices?**

e.g. "X days after despatch"

When do you send statements?**How do you assess your buyers' creditworthiness? e.g. status reports, trade references****Do you maintain and operate credit limits?****When do you check the account?**

e.g. before despatch

How often do you update your credit information?**Who in your company is responsible for your credit management policy?**

Name

Position