



Please complete all the sections of the form, including Appendices A and B and return to Equinox Global Limited, Sutherland House, 3 Lloyd’s Avenue, London EC3N 3DS.

The form may be completed on screen, however, the completed form must be printed out and signed before submission.

1. Your details			
Company name			
Address			
Registered No.		VAT No.	
Contact name		Position	
Email address			
Telephone No.		Fax No.	

2. Subsidiaries to be insured	
Name	Address

3. Information on your business	
a. Please give a general description of your business.	
b. How many employees do you have?	
c. What are the goods or services to be insured?	
d. Do you manufacture the goods that you are selling? If no, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. What are your normal terms of payment?	
f. What are your maximum terms of payment?	
g. Do you require pre-delivery cover? If yes, please provide more details on the pre-credit risk:	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Please give details of any security, guarantees, non-recourse financing and credit insurance in place in respect of the buyers to be insured.	

4. Information on your sales				
a. Currency				
b. Estimated sales for this year.				
c. Are the sales seasonal? If yes, please give details:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please complete Appendices A and B giving a breakdown of sales by country and buyers.				
d. Bad debts				
Period	Sales	Total bad debts	Largest bad debt	No. of bad debts
Current year to date				
Last year to __/__/__				
Prior year to __/__/__				
Prior year to __/__/__				
Prior year to __/__/__				
Prior year to __/__/__				
e. Largest bad debts				
Year	Name of buyer	Country	Registered No.	Amount of loss

5. Information on your buyers				
a. Please describe the business activities of the buyers to be insured.				
b. Please provide your quarterly accounts receivable balance.				
1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	
c. Buyer analysis – please state your highest total outstanding receivables balance during the past 12 months.				
Date of analysis	_/_/_			
Currency				
Outstanding receivables	No. of buyers	% of buyers	Amount of receivables outstanding	% of receivables outstanding
0 - 25,000				
25,001 - 50,000				
50,001 - 100,000				
100,001 - 250,000				
250,001 - 500,000				
500,001 - 1,000,000				
1,000,001 - 2,500,000				
2,500,001 - 5,000,000				
5,000,001 - 10,000,000				
More than 10,000,000				
Total				



d. Aged receivables analysis			
Age of receivables		Amount	
Current - not yet due			
1 - 30 days overdue			
31 - 60 days overdue			
61 - 90 days overdue			
More than 90 days overdue			
Total			
e. Overdue accounts – please list your top 5 overdue accounts (including rescheduled receivables, legal actions etc). Additional information may be attached on a separate sheet.			
Name of buyer	Amount overdue	Original due date	Current status
1.		__/__/__	
2.		__/__/__	
3.		__/__/__	
4.		__/__/__	
5.		__/__/__	
f. Are there any buyers, not listed above, that cause you any concerns? If yes, please explain why:			Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Information on your security	
a. Do your contracts with your customers allow you to be the principle entitled to take recovery action? If no, please explain why:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do your standard terms and condition contain an "All Monies" retention and title clause? If no, please explain why:	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. Information on your credit management			
a. Do you have a separate credit management department?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Who in your company is responsible for your credit management?			
Name		Position	
c. Do you assess your customers' creditworthiness? If yes, please indicate which method(s) you use:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bank or trade references		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trading history		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Credit insurance on-line service		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Credit agency report. If yes, please indicate which agencies:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Do you risk-score your buyers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. How often do you update your credit information?			

8. Previous credit insurance cover	
a. Do you currently have a credit insurance policy? If yes, please give details of insurer, renewal date and premium costs:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Have you ever been refused a credit insurance policy or had a policy voided? If yes, please explain why:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional information
1. Please attach a copy of your credit management procedures (if available).
2. Please complete Sections A and B of this proposal form.

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 the underwriter’s assessment of and willingness to accept the risk.			
We agree that if you issue a policy to us, this Proposal Form shall form the basis of and be incorporated in, such Policy.			
Signature		Name	
Position		Date	__/__/__



Appendix A - Sales information

State Currency	
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Country	Sales in last 12 months	Projected sales in next 12 months	Terms of payment	Country limit required
TOTAL				

Country limit requested should represent the maximum anticipated outstanding over the next 12 months for the countries listed (excluding cash and confirmed, irrevocable letter of credit sales).

