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Renewal Form

Your Company Details

Company Name

Contact Name

Position

Telephone

Policy Number

Company ID Number

E-mail

Turnover

Please provide your insurable turnover in the currency of the policy from the policy inception date to the present and your estimate for the whole policy period.

Insurable Turnover year to date

Estimated Insurable Turnover for full policy year

Please confirm your Estimated Insurable Turnover for the next 12 months:

Country

Sales

Number of Customers

Totals

Totals

Bank Details

Please supply details of the account to which any debit / credit of premium should be made:

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Trading Losses

Are there any details of trading losses relating to the current policy period which you have not previously notified us about in writing?

Yes No

If yes, please provide details:

Name of Debtor Amount of Loss

Debtor Profile

	Number of debtors	Total amount		Number of debtors	Total amount
Up to 500			25,001-50,000		
501-1,000			50,001-100,000		
1,001-2,500			100,001-250,000		
2,501-5,000			250,001-500,000		
5,001-10,000			500,001-1,000,000		
10,001-25,000			Over 1,000,000		
			Total:		

Overdue Accounts

Do you have details of any customers whose balances are seriously overdue or giving cause for concern, which you have not previously notified us about?

Yes No

If yes, please provide details:

Name of customer	Balance outstanding	Due date of earliest invoice
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Salvage

Have you received any recoveries by way of dividends or other amounts in respect of debts where we have paid a claim?

Yes No

If yes, please provide details:

Name of Debtor	Amount Received
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Terms of Payment

Have you agreed any terms of payment with your customers that are different to those stated on your proposal form or reflected within your current policy?

Yes No

If yes, please provide details:

Name of customer	Agreed terms	Average size debt
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Statement of Credit Control

Have there been any changes to your credit control procedures from those described in your proposal form or reflected within your current policy?

Yes No

If yes, please complete Appendix 1.

Declaration

We declare that to the best of our knowledge and belief the answers in the original proposal form are still correct and there have been no material changes other than those documented here and that the above statements and all other information given to the insurers, are true and complete and that we have not withheld any material fact or circumstance.

Authorised Signature	Position
Name	Date

Broker / Intermediary

Company

Branch

Contact

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Appendix 1

Statement of Credit Control

a. Your Credit Control Department

Is your credit control system computerised?

Is your department centrally located? If so, where?

How many people does your department employ?

b. Who has the day-to-day responsibility for credit management?

Name

Position

To whom do they report?

c. How do you investigate your customers' credit-worthiness before a debt is incurred?

Status Reports	Yes	No
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If yes, which credit reference agencies?

Bank Reports	Yes	No
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Trade References	Yes	No
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Other Sources	Yes	No
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Details – Above what level?

d. Is the status of the account checked before:

New orders are accepted?	Yes	No
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Further supplies are made?	Yes	No
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If no, why not and when are they vetted?

Do you visit your customers regularly?	Yes	No
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If yes, please detail process

e. Debt Collection Process

How soon after delivery/supply are invoices raised?

Do you raise invoices for each amount due? Yes No
 (If not how are debts evidenced?)

When are invoices sent out?

Are statements prepared? Yes No
 If so, how often are they rendered?

Do you use a debt collection company/solicitor? Yes No
 If yes, who?

What action is taken to chase overdue customers and at what point beyond due date? (Please complete chart below)

	Number of Days Beyond Due Date	Details
Telephone		
Letter		
Stop Deliveries		
Legal Action		
Collection Agents		