



A Client Focused Firm

Type of coverage requested:

- Both Domestic and Export (Whole Turnover)
- Export Only
- Domestic Only
- Key Accounts Only

Applicant Information:

1. Legal Company Name: _____
Trade Style(s): _____
Company Headquarters Address: _____
Company Website Address: _____
Company Contact: _____
Title: _____
Contact Phone: _____
Contact Email: _____
Date Company was formed/established: _____
Fiscal Year ("FY") End Date: _____

2. Do you wish to insure the invoices from any other related companies (subsidiaries)? Yes No
- Legal Company Name: _____
Trade Style(s): _____
Company Headquarters Address: _____

3. Business description:
- Manufacturing is _____ % of sales
 - Wholesaling is _____ % of sales
 - Services are _____ % of sales
 - Other (please describe) is _____ % of sales _____

4. Product/Service description: _____

5. Identify Applicant's primary industry line of business NAICS code(s), and all other NAICS codes under which Applicant operates. _____

Please use this link to find your company NAICS number: [NAICS & SIC Identification Tool](#)

6. What percentage of your product is manufactured in the United States? _____

7. Do you sell on consignment? Yes No

8. Is pre-shipment coverage requested? Yes No

If yes, are Applicant's and, if applicable, additional insured(s)' products: Standard Custom Made

How easily could alternative buyers be found? Easy Moderate Difficult

Would products require modification if sold to other buyers? Yes No

How extensive is such modification as a percentage of original cost? _____ %

What is the salvage value of the product as a percentage of original sale price? _____ %

9. Is Account Receivable pledged as security under a bank line? Yes No

10. Is your Account Receivable factored? Yes No

11. Please advise if a loss payee is to be added to the policy: Yes No

If yes, provide:

Loss payee name: _____

Contact person: _____

Email address: _____

Legal mailing address (for claim payments): _____

Credit Sales and Loss History:

1. Please provide the following sales information (credit sales only) for the Applicant, including, if applicable, additional insured(s) credit sales. Do not include sales to related companies:

| | Domestic (US & Canada) | Export | Total Credit Sales |
|-------------------|------------------------|----------|--------------------|
| Year to Date | \$ _____ | \$ _____ | \$ _____ |
| Last Year | \$ _____ | \$ _____ | \$ _____ |
| 2 Yr. Previous FY | \$ _____ | \$ _____ | \$ _____ |
| 3 Yr. Previous FY | \$ _____ | \$ _____ | \$ _____ |

2. What is your 12-month projected credit sales figure (do not include sales to related companies):

Domestic credit sales: \$ _____ Export credit sales: \$ _____

Total 12-month projected credit sales: \$ _____

3. Number of years of export experience: _____

4. Please provide Applicant's three-year credit loss (written-off and claim filed) history; including, if applicable, additional insured(s) loss history:

| Year | Amount of Loss | Name of Debtor | Country | Reason for Loss |
|------|----------------|----------------|---------|-----------------|
| | \$ _____ | | | |
| | \$ _____ | | | |
| | \$ _____ | | | |
| | \$ _____ | | | |
| | \$ _____ | | | |

Sales Distribution by Country:

| Country | Projected Sales for the Next 12 Months | Highest AR anticipated | Maximum Terms of Payment |
|---------|--|------------------------|--------------------------|
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Accounts Receivable Distribution (please attach an aging by due date worksheet to this application):

| Estimated number of domestic accounts (US and Canada) | Size of accounts (High AR balance) | Estimated number of export accounts |
|---|------------------------------------|-------------------------------------|
| | Over \$1,000,000 | |
| | \$500,001 to \$1,000,000 | |
| | \$301,000 to \$500,000 | |
| | \$101,000 to \$300,000 | |
| | \$75,001 to \$100,000 | |
| | \$50,001 to \$75,000 | |
| | \$25,001 to \$50,000 | |
| | \$0 to \$25,000 | |

Named Buyer Requests:

1. Buyer Name: _____
 Buyer DUNS number (if known): _____
 Buyer Address: _____
 Buyer Country: _____
 Longest terms of sale: _____
 Projected Sales for next twelve (12) months: _____
 Requested buyer Limit of Liability: _____

2. Buyer Name: _____
 Buyer DUNS number (if known): _____
 Buyer Address: _____
 Buyer Country: _____
 Longest terms of sale: _____
 Projected Sales for next twelve (12) months: _____
 Requested buyer Limit of Liability: _____

3. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

4. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

5. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

6. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

7. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

8. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

9. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

10. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

11. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

12. Buyer Name: _____
Buyer DUNS number (if known): _____
Buyer Address: _____
Buyer Country: _____
Longest terms of sale: _____
Projected Sales for next twelve (12) months: _____
Requested buyer Limit of Liability: _____

Past Due Information:

- 1. What percentage of the accounts receivable is sixty (60) or more days overdue as of the date of this application (0-100%)? _____
- 2. Please list the buyers with an account receivable balance more than 60 days past due:

| Name of Buyer | Amount more than 60 days past due | Anticipated payment date/reason for delay |
|---------------|-----------------------------------|---|
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Credit and Collection Procedures:

- 1. Please list the name of the person responsible for granting credit: _____
Title: _____
Please list any assistants: _____
- 2. Does centralized credit control exist for all divisions, branch offices, and/or subsidiaries? Yes No
- 3. Do you have formal written credit procedures? Yes No If, yes, please attach to this application
- 4. Do you maintain a reserve for bad debt? Yes No If yes, what is the amount: _____
- 5. Approximate percent of orders typically received:
Verbally/phone call: _____ %
Email from buyer: _____ %
ERP software/Purchase order: _____ %
- 6. Is your invoice date always the same as your shipping date? If no, please explain:

- 7. How do you evaluate the creditworthiness of new accounts and establish credit limits (include sources of information)?

- 8. How often are credit limits reviewed? _____
- 9. At what credit limit are financial statements normally required? _____
- 10. At what point will you cease to offer open account terms to a buyer? _____

Signature Page:

For your protection, state law requires the following to appear on this form:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Carriers rely on representations provided by you, and in connection with this application, when making decisions regarding any policy they may issue.

The insurance policy together with this application and the declarations, shall constitute the entire insurance agreement between you and the insurance carrier, notwithstanding any verbal or written statement, agreement, or promise made to the contrary by any representative of Trade Credit Specialty.

We hereby appoint Trade Credit Specialty as our insurance representative of record for all matters pertaining to Trade Credit insurance. This appointment rescinds all previous appointments, and Trade Credit Specialty is hereby authorized to represent us, and manage all communication between ourselves and the insurance carriers.