



Credit Insurance Application

1. General Applicant Information	
Company Legal Name	
Address	
Company President	
Contact Person	
Telephone	Email
Other Entities/dba's to be covered	
Domestic <input type="checkbox"/>	Export <input type="checkbox"/>
Domestic and Export <input type="checkbox"/>	
Portfolio <input type="checkbox"/>	Key Account <input type="checkbox"/>

2. Business Information				
Products or Services to be covered				
Your Business:	Manufacturer%	Wholesale%	Retail%	Other%
Are you currently insured or factored?		If yes, name of the insurer or Factor:		
Average Payment Terms Domestic:			Maximum Payment Terms Domestic	
Average Payment Terms Export:			Maximum Payment Terms Export	
Do you have products shipped <u>to</u> or <u>by</u> a Third Party? procedures:		If yes, please provide Third party country information and shipping		
Do you sell on consignment?			Are products custom made?	
Projected Domestic Sales (next 12 months):			Projected Export Sales (next 12 months)	
Insured Domestic Sales (next 12 months)			Insured Export Sales (next 12 months)	

3. A/R Balance Summary		
Approx. balance - last 4 quarters	Domestic	Export
Quarter Ending:	\$	\$
Quarter Ending:	\$	\$

Quarter Ending:	\$	\$
Quarter Ending:	\$	\$
Days Sales Outstanding (DSO)	Days	Days
Percentage Open Account Sales	%	%

4. Sales and loss information - Domestic

	Current YTD	Current Year -1	Current Year -2	Current Year -3
Sales				
Total loss amount				
Number of losses				
Largest loss amount				
Company Name				
City, State				
2 nd largest loss				
Company Name				
City, State				

5. Sales and loss information - Export

	Current YTD	Current Year -1	Current Year -2	Current Year -3
Sales				
Total loss amount				
Number of losses				
Largest loss amount				
Company Name				
City, State				
2 nd largest loss				
Company Name				
City, State				

6. Past Due Table

List of customers with undisputed amounts that are more than 60 days past due

Customer Name / Country	Terms	Total Outstanding	Amount 60 days +	Reason

7. Export Sales Distribution

Country	Sales Amount	Normal Payment Terms	Longest Payment Terms
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

8. Accounts Receivable Distribution

Please provide a current Accounts Receivable aging

Domestic			Export	
# accounts	Total Outstanding	A/R Balance	# accounts	Total Outstanding
		\$0 to \$2,500		
		\$2,500 to \$5,000		
		\$5,000 to \$10,000		
		\$10,000 to \$25,000		
		\$25,000 to \$50,000		
		\$50,000 to 100,000		

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For your protection, State Law (in many states) requires the following to appear on this form: “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 punishable by law” Insurance companies 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 Tradian Corporation.

Broker of Record

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

The information in this application may be used to obtain credit insurance quotations, but there is no obligation to purchase credit insurance.

Name and Title

Signature and date