



GLOBAL TRADE CREDIT

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APPLICATION FOR CREDIT INSURANCE

This application serves as the application for all credit insurance products offered through Global Trade Credit Inc. Please indicate in Question 1.6 whether domestic credit insurance, foreign credit insurance, or both are requested, and then complete only the sections that pertain to the requested coverage.

1. Applicant:

1.1 Name: _____

Address: _____

Postal Code: _____ Telephone: _____ Facsimile: _____

1.2 Please give descriptions of Applicant's business – including products sold and types of Buyers (for example, manufacturers, distributors, retailers, government entities, etc.) and indicate approximate percentage of sales to each type: _____

1.3 Is coverage required for subsidiaries and affiliates, if so please provide name and address.

Name: _____ Address: _____

Name: _____ Address: _____

1.4 Products sold: _____

Country(ies) from which products are sourced: _____

1.5 Does the Applicant have, or is it currently negotiating, any policy of insurance, factoring or invoice discounting arrangement, or other similar security in connection with the credit risk of any Buyers?

a) Policy of Insurance (Yes/No) _____ With: _____

Expiry Date: _____

b) Factoring or invoice (Yes/No) _____ With: _____

discounting arrangement Expiry Date: _____

c) Non-recourse financing (Yes/No) _____ With: _____

arrangement with a Expiry Date: _____

bank/financial institution

1.6 Is insurance coverage requested for domestic sales, foreign sales, or both? _____

If the insurance coverage requested does not include the whole-turnover of domestic and/or foreign sales, as applicable, please list the requested exclusions from coverage: _____

2. Sales and Loss Information

2.1 Number of years selling on credit terms: domestic _____, export _____

2.2 Please provide sales and loss data, and the amount of the largest single buyer loss, for each of the past four years (Complete only applicable; see below):

Domestic Sales and Losses

CDN\$ <input type="checkbox"/> US\$ <input type="checkbox"/>	Domestic Sales	Gross Domestic Bad Debt Losses	Number of Losses	Largest Single Domestic Loss (Gross Amount)
Current Yr. (Projected)				
20__				
20__				
20__				
20__				

Foreign Sales and Losses

CDN\$ <input type="checkbox"/> US\$ <input type="checkbox"/>	Foreign Sales	Gross Foreign Bad Debt Losses	Number of Losses	Largest Single Foreign Loss (Gross Amount)
Current Yr. (Projected)				
20__				
20__				
20__				
20__				

On a separate sheet, please provide details of significant recoveries and/or circumstances surrounding unusual losses, if applicable.

2.3 Within the past two years, has the Applicant rescheduled or restructured the debt owed by any Buyer? _____ If yes, please provide details of separate sheet.

2.4 Please provide total insurable outstanding receivables for the most recent fiscal quarter and each of the three previous quarters (note if domestic or foreign, or both):

Quarter Ending _____
 Receivables \$ _____

Expected average outstanding receivables (next 12 months): _____

3. Buyer Analysis

3.1 Breakdown of Buyers for which coverage is requested:

Maximum Projected High Credit Exposure	Number of Buyers
\$0 - \$25,000	
25,001 - 100,000	
100,001 - 250,000	
250,001 - 500,000	
500,001 - 1,000,000	
1,000,001 - 2,000,000	
Above 2,000,000	
Total:	

3.2 Within the past year has the Applicant made, or does it now contemplate making, any material change in its (i) typical terms of sale, (ii) products or commodities sold, (iii) territory in which sales are made, (iv) proportion of sales to manufacturers, wholesalers, or retailers, (v) manner of conducting business, (vi) re-scheduled payments to a buyer? If yes, please specify which item and explain: _____

4. Pre-Delivery Coverage

4.1 Is pre-delivery coverage requested? _____

4.2 If yes:

a) Are products standard or custom-made? _____

b) How easily could alternative Buyers be found? _____

c) Would products need modification if sold to other buyers and how extensive would such modification be? .

d) What is salvage value of the product? _____ % of original sales price.

5.

Attest

The Applicant warrants by the signing of this Application by an authorized officer that, to the best of its knowledge, the statements set forth herein and any information or statements furnished hereafter are true, that no material information has been withheld and that the credit procedures supplied as part of this application shall be maintained and enforced; and, The undersigned authorized officer of the corporation declares to the best of his/her knowledge that the statements set forth herein are true.

NOTICE TO APPLICANTS:

This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The Applicant represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify the Company of such changes.

Authorized Signature of Applicant: _____

Name of Authorized Signatory (Print): _____

Title: _____

Corporation: _____

Date: _____

Telephone: _____

Checklist:

- Appendices A,B,C – completed.***
- Copy of Aged List of Accounts Receivable.***
- Completed copy of Credit Procedures Questionnaire and/or a copy of Applicants Credit Manual (including title, authority levels of individuals responsible).***
- Copy of Applicants Annual Report and Product Brochures.***

APPENDIX A

SALES DATA

Country	SALES		PAYMENT TERMS		Country Limit Requested*	ACCOUNTS RECEIVABLES AGING**			
	Last 12 Months	Projected Next 12 Months	Last 12 Months	Projected Next 12 Months		As of (date): _____			
						Current	0 - 60 Days Overdue	61 -120 Days Overdue	121+ Days Overdue

* The Country Limit Requested should represent the maximum anticipated outstanding's over the next 12 months for the countries listed (excluding any sales that are to be excluded from coverage, such as letter of credit sales, if applicable).

** If foreign credit insurance is requested, please complete the accounts receivables aging for each country to be insured.

APPENDIX B

BUYERS REPRESENTING TEN HIGHEST CREDIT EXPOSURES

Please provide a list of the top ten (10) Buyers (domestic or foreign, or both, as applicable to this application) that represent the largest anticipated high credit exposure over the next twelve (12) months.

Buyer,Name/Address /Country (Please indicate D&B #)	SALES		PAYMENT TERMS		Buyer Limit Requested *	ACCOUNTS RECEIVABLES AGING			
	Last 12 Months	Projected Next 12 Months	Last 12 Months	Projected Next 12 Months		As of (date): _____			
						Current	0 - 60 Days Overdue	61 -120 Days Overdue	121+ Days Overdue

* The Buyer Limit Requested should represent the maximum anticipated outstanding's over the next 12 months for the Buyer named.

APPENDIX C

LOSS RECORD

Please provide the following information on gross credit losses over \$50,000 (domestic losses or foreign losses, or both, as applicable to this application) during the last four (4) years, whether or not insurance is requested for these Buyers or countries.

Buyer State/Country	Shipment Date	Cause of Loss	Claim Filed?	Gross Loss *	Recoveries (excluding any claim payments)	Net Loss

*For the purpose of this schedule, a credit loss should be regarded as any receivable, insured or uninsured, which has not been paid within one year of the due date and/or any receivables that have been deemed uncollectible.