

Euler Hermes American Credit Indemnity Company
 (A Stock Company Established in 1893)
 800 Red Brook Boulevard
 Owings Mills, MD 21117
 877-883-3224 FAX (410) 363-3136
 E-Mail: renewalapplications@eulerhermes.com

**RENEWAL FORM
 BUSINESS CREDIT INSURANCE POLICY**

ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

(1) INSURANCE POLICY CHARACTERISTICS REQUESTED (Denote with an "X")

Policy Type: (a) Business Advantage (b) Domestic Markets (c) Multi-Markets

(2) LEGAL NAME: _____ /Trade Styles: _____

Policy Contact Name: _____ /Title: _____

E-Mail Address: _____

(3) BUSINESS PROFILE

a) Has your company changed any of the following:

(1) Credit Management Procedures? Yes or No ; If Yes, Please attach new Credit Management Procedures Manual.

(2) Product lines and/or service offerings? Yes or No ; Details: _____

(3) Business practices? Yes or No ; or (4) Standard terms of sale? Yes or No

(5) New Address/Phone/Fax? Please Provide Updates: _____

b) Will Covered Products be Shipped **By** (Drop Shipped) and/or **To** a Third Party? Yes or No If Yes, provide Third Party Names & Locations and Shipping Procedures: _____

c) Do you have any Insured Buyers with invoices Credit Insured, Factored, Purchased, or Credit Guaranteed, other than under this Policy? Yes or No If Yes, Please Explain. _____

d) Do you require coverage for Pre-Shipment, Work in Progress or Special Order Goods? Yes or No

e) Do you do any business on consignment sales? Yes or No

f) Do you currently have any insured buyers on a payment plan? Yes or No

If yes, Did our Claims Department approve the payment plan? Yes or No

g) Do you invoice in any name other than the Insured name listed on your current Policy documents? Yes or No

(4) FORECASTED INSURED SALES

Countries:	Longest Payment Terms	Forecasted Insured Sales	Countries:	Longest Payment Terms	Forecasted Insured Sales
1.		\$	6.		\$
2.		\$	7.		\$
3.		\$	8.		\$
4.		\$	9.		\$
5.		\$	10.		\$

Total Forecasted Insured Sales: \$ _____ Total Forecasted Company Sales (Including Uninsured Sales): \$ _____
--

(5) PAST DUE TABLE Are you current in your monthly past due reporting requirements to us? Yes <input type="checkbox"/> or No <input type="checkbox"/>					
IF No , Please provide under separate cover all buyers on which cover is being requested with undisputed amounts more than 60 days past due under original terms of sale, or that you have reason to believe will become 60 days past due. Please provide the following information on the report:					
Customer Name/Country	Invoice Dates	Account Balance	Amount 60 days +	Orig. Terms Of Sale (Net)	Reason for Past Due

We will rely on the representations provided by you on this form and all prior applications when making decisions regarding any policy we may issue. This form, the Policy, the Schedule and all Endorsements shall constitute the entire insurance agreement between you and Euler Hermes American Credit Indemnity Company. No loss, which occurs prior to the payment of the premium, will be covered even if the policy has been delivered. No sales representative is authorized to delete, modify, or waive any policy provisions, either verbally or in writing.

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." (New York statues further state that fraudulent acts "shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.")

Print Name:	Title:
Signature:	Date: