



TRADE CREDIT INSURANCE POLICY APPLICATION -- SINGLEDEBTOR/SPECIFIC CREDIT LIMIT APPENDIX "D"

Complete all sections and required appendices.
Use additional paper as necessary for required description and details.

A. DEBTOR

1. Name: _____
2. Address: _____
3. Telephone: _____ 4. Telefax: _____
5. Year Incorporated: _____ 6. Primary SIC Code: _____
7. Ultimate Parent: _____ 8. Debtor's Website: _____
9. Is the debtor the party buying or selling the product? ☐ Yes ☐ No
If no, identify the buyer(s) and seller(s) and describe their relationship(s) to the debtor.

B. REQUESTED COVERAGE AND PLANS

1. The credit coverage requested is (check one):
☐ Comprehensive (Commercial and political) ☐ Commercial only ☐ Political only
2. Is predelivery coverage requested? ☐ Yes ☐ No If yes, complete appendix C.
3. Requested Exclusions:
Confirmed Letters of Credit? ☐ Yes ☐ No
Unconfirmed Letters of Credit? ☐ Yes ☐ No
Other? _____
4. Describe the goods and/or services:

	Description	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
5. Were changes implemented last year or are changes contemplated next year with respect to the products sold, the credit terms offered, or any other material aspects of the trading relationship(s)?
☐ Yes ☐ No If yes, describe. _____

6. Anticipated maximum amount of insured receivables for the debtor during Policy Period applied for:

7. Are additional securities or guarantees supporting the debtor's credit? ☐ Yes ☐ No If yes, describe.

C. APPLICANT'S EXPERIENCE

1. Number of years granting credit to the debtor: _____

2. Details of credit experience for the past three fiscal years:

<u>Year</u>	<u>Total Sales</u>	<u>Terms</u>	<u>Amount of Highest Credit Outstanding</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Describe the debtor's performance history in working with you: ☐ No experience ☐ Prompt
☐ 1 to 30 days slow ☐ 31 to 60 days slow ☐ More than 60 days slow (explain)

4. Within the past 12 months have any receivables been rescheduled or had other problems associated with them? ☐ Yes ☐ No

If yes, provide details (original amount, original sales terms, current balance, rescheduled terms, and a brief explanation).

5. Have you visited the debtor's place of business during the last 24 months? ☐ Yes ☐ No
If yes, date of last visit: _____ Provide copy of latest visit report, if any.

6. Receivables outstanding from the debtor at the end of the most recent and the three previous fiscal quarters:

Quarter ended: ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Amount: _____ _____ _____ _____

D. DETAILS OF TRANSACTION(S) TO BE INSURED

1. Current status: ☐ Bidding in process ☐ In negotiations
☐ Contract(s) executed ☐ Firm order(s) issued
2. Number of transactions: ☐ Single transaction (Complete section 3.)
☐ Multiple transactions (Complete section 4)
3. Single Transaction:
- a. Date of delivery: _____ b. Amount of contract: _____
- c. Maturity date for credit: _____ d. Payment Terms: _____
4. Multiple Transactions (Copies of delivery schedule may be submitted to describe the transactions.):
- a. Date of initial delivery: _____ b. Date of final delivery to be insured: _____
- c. Total sales or purchases: _____ d. Amount of credit limit requested: _____
- e. Payment Terms: _____

E. REQUIRED INFORMATION

Provide any additional information available which would be useful for assessing the credit including but not limited to current credit agency reports, bank reports and trade references, any written credit analysis prepared by the Applicant, interim financial statements, and two to three years annual financial statements of the debtor and any guarantors.

Applicant: _____

By: _____

Title: _____

Date: _____

PLEASE SUBMIT THIS FORM AND APPROPRIATE MATERIALS THROUGH YOUR INSURANCE BROKER TO:

Tokio Marine HCC - Credit Group

**600 Lexington Avenue
22nd Floor
New York, NY 10022
USA**

**135 Pinelawn Rd
Suite 150N
Melville, NY 11747-7102
USA**