

Proposal Form – Basic Finance

Applicant

Company name: _____ Reg no./D-U-N-S[®] no. _____

Address: _____

Post code: _____ Country: _____

Business sector: _____ SIC code (if available): _____

Customer's sector: _____ SIC code (if available): _____

Standard terms of payment: _____

Any longer terms: _____ on how many buyers? _____

Contact name: _____ Fax no.: _____
credit limit notifications to be sent to

Position: _____ Telephone no.: _____

E-Mail: _____ Website: _____

Currently credit insured: no yes, with _____ Renewal date: _____

Do you use Factoring or Invoice discounting no yes, with _____ Broker: _____
(or otherwise assign you debts)?

Turnover and Bad Debts

Currency: EUR USD GBP _____

Estimated insurable turnover¹ for the next twelve months: _____

Domestic: _____

Export: _____

Period (year end):	Current Year to Date	Last Financial Year	Previous Financial Year	Previous Financial Year
Insurable turnover ¹ :	_____	_____	_____	_____
Total value of bad debts:	_____	_____	_____	_____
Number of losses:	_____	_____	_____	_____
Amount of largest loss:	_____	_____	_____	_____
Debtor of largest loss:	_____	_____	_____	_____

¹ insurable turnover excludes cash sales, sales to subsidiary & associate companies and sales to domestic government buyers.

Debtor Balance (excl. VAT)

last 31st March last 30th June last 30th September last 31st December

Amount as at: _____

Ledger Analysis (excl. VAT)

Range	Number	Amount	Range	Number	Amount
< 5,000	_____	_____	50,001 - 100,000	_____	_____
5,000 - 10,000	_____	_____	100,001 - 500,000	_____	_____
10,001 - 20,000	_____	_____	> 500,000	_____	_____
20,001 - 50,000	_____	_____	Total	_____	_____

Debtor Aged Analysis (excl. VAT)

Period	Amount	Period	Amount
Current - not yet due	_____	61 - 90 days overdue	_____
1 - 30 days overdue	_____	> 90 days overdue	_____
31 - 60 days overdue	_____	Total	_____

Overdue Accounts (excl. VAT)

Do you have any seriously overdue customers? no yes

If yes, please specify: _____

General Framework

When do you usually invoice? on date of delivery within a week after delivery

by the end of month of delivery

Do you sell any goods from consignment stock? no yes

If yes, please state

– approximate stock value _____

– number of accounts _____

Do you include retention of title? no yes

If yes, please specify: _____

Is political risk cover required? no yes

Is work in progress cover required? no yes

If you are seeking insurance cover for more than one applicant, is credit control centralised and common? no yes

Credit Management Information

Does your company have a credit manual? no yes

If yes, please enclose a copy!

If no, please answer the following questions!

Who in your company is responsible for credit control?

Name: _____

Position: _____

Telephone no.: _____

E-Mail: _____

Who has the authority to approve, reduce and cancel Credit Limits?

Name(s): _____

Level of credit: _____

Are companies visited for credit assessment purposes? no yes

Which information is used to assess credit limits?

Status reports Bank reports Trade reference

Balance sheets Visit reports

Which status agency do you use? _____

How often is information updated? _____

Please specify your collection procedures

When do you put accounts on stop? _____ days overdue

When do you start collection? _____ days overdue

When do you impose legal measures? _____ days overdue

Main Customers (excl. VAT)

Name	Country	Reg No./D-U-N-S® no.	Credit limit required	Annual turnover
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Main Countries

Country	Number of customers	Terms & method of payment	Turnover
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information provided is given in strictest confidence.
We declare and warrant that the statements made in this form and any attachment are to the best of our knowledge and belief, true and material facts¹ have not been withheld.
We understand that the non-disclosure or misrepresentation of a material fact will entitle Zurich to void this insurance.

¹ a material fact is one likely to influence the underwriter in fixing the premium and accepting the risk. If you are in any doubt as to whether a fact is material or not, you should disclose it. Failure to do so may entitle Zurich to avoid cover from inception and seek repayment of paid claims.

Date	Authorized Signatory	Title
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Registered office of branch: Frankfurt/Main (register number HRB 88353), Solmsstraße 27-37, 60486 Frankfurt am Main
Legal form of company (Zurich Insurance plc): public company limited by shares (Public limited company under Irish law),
Registered office of head office: Dublin/Ireland
Companies Registry Office (equivalent to the German Court of Registration) register number 13460
Representation of company: Markus Hongler (Chief Executive Officer)
Chairman of supervisory board: Dr. Dieter Wemmer