



COFACE NORTH AMERICA INSURANCE COMPANY

Application for Credit Insurance

GENERAL APPLICANT INFORMATION

Applicant Name:		d/b/a:	
Street Address:			
City:		State:	Zip:
Tel:	Fax:	E-mail:	
Contact Name:		Title:	
Do you authorize Coface to release your company name when contacting buyers for information? <input type="checkbox"/> Yes <input type="checkbox"/> No			

BUSINESS DESCRIPTION

Our answers to the following questions are true:

- 1) What is your line of business? _____
- 2) How long in it? _____ How long have you exported? _____
- 3) Are you Wholesalers, Distributors or Manufacturers? _____
- 4) What line of merchandise constitutes the largest volume of business? _____
- 5) Have you ever carried credit insurance? Yes No If so, state with what company, and when the latest policy expired or expires _____
- 6) To what countries do you make your principal shipments? _____
- 7) What are your terms of sale? Open account _____% Letter of Credit _____% Other _____%
- 8) For open account sales, what are your regular terms of sale? _____ percent _____ days, net _____ days
- 9) What are your longest terms of sale, including dating? _____
- 10) About what percentage of sales to Manufacturers? _____, Wholesalers/Distributors? _____, Retailers? _____
- 11) Have you any information detrimental to the credit worthiness of any individual, firm, co-partnership or corporation to which you have made or contemplate making any sale or shipment, under which said policy, if issued, will apply?
Yes No If yes, state particulars _____
- 12) How many accounts did you place with attorneys or collection agencies for collection during the past year?

- 13) What was the average amount of such accounts? _____
- 14) How many active customer accounts are dealt with? _____ What is the amount of your present
outstandings? _____ How much of same now past due under original terms of sale? _____
How much is past due over 60 days? _____



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As a basis for the policy hereby applied for, and for any Policy of Credit Insurance which may hereafter be issued to us, we warrant the following statement of our sales, losses, and amounts owing by debtors under or seeking general extension to be correct, and represent the combined experience of our company and that of all entities to be insured under this Policy.

DEBTOR ANALYSIS

Maximum amount outstanding at any one time by buyer on sales for the last twelve months:

Maximum Outstanding by Buyer	Number of buyers in range
\$1-5,000	-
\$5,001-10,000	
\$10,001-25,000	
\$25,001-50000	
\$50,001-75,000	
\$75,001-100,000	
\$100,001-300,000	
\$300,001-500,000	
\$500,001-1,000,000	
Over \$1,000,000	

SALES & LOSS HISTORY

Domestic (Canada and U.S.) Sales and Losses				
	Domestic Sales	Gross Losses Due to Insolvency After returns	Number of Losses	Largest Single Domestic Insolvency (Name and Amount of Loss)
20____				
20____				
20____				
Current Year				
Projected (next 12 mos.)				



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Export Sales and Losses					
	Export Sales	Export Sales on Open Account	Gross Losses Due to Insolvency After Returns	Number of Losses	Largest Single Export (Name and Amount of Loss)
20____					
20____					
20____					
Current Year					
Projected (next 12 mos)					

ACCOUNTS RECEIVABLE SUMMARY

Domestic A/R				
Quarter Ending				
Receivable Outstanding				

Export A/R				
Quarter Ending				
Receivable Outstanding				



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KEY ACCOUNT INFORMATION

Customer Name	City, State	Country	Coverage Requested
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

THIS DOCUMENT WAS ISSUED IN THE COURSE OF COFACE NORTH AMERICA.

This application and said policy, if issued, shall, with the terms and conditions therein, constitute the entire agreement between the undersigned and the Company, any verbal or written statement, promise or agreement, by any agent of the said Company, or notice to or knowledge of such agent or any other person, to the contrary notwithstanding. It is also agreed that this application, whether as respects anything contained therein or omitted therefrom has been made, prepared, and written by the applicant or by his own proper agent.



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Corporate Authority

I, _____ [Name of Application Signer] as the _____
[Title] of _____ [Company Name] ("Company") hereby represent and warrant
that I am duly authorized by the Company to execute and submit to Coface North America Insurance
Company the application for trade credit insurance bearing my signature and dated
_____.

Signature: _____

Name: _____

Title: _____

Company: _____

Date: _____