



## CREDIT INSURANCE SHORT FORM APPLICATION

THIS APPLICATION MIGHT NOT PROVIDE SUFFICIENT INFORMATION TO ENABLE A FIRM BINDING QUOTATION.  
IT WILL BE SUBJECT TO OUR REVIEW, ACCEPTANCE AND CONFIRMATION.

### 1 - GENERAL INFORMATION

Company name :  
Address :  
Name of contact : Title :  
Phone : Fax :  
Website : E-mail :  
Language of correspondence :  English  French Year established : Number of employees :

### 2 - NATURE OF APPLICANT'S BUSINESS

Note : in this application all amounts are to be in :  CAD  USD

A - Type of business :  Manufacturer  Wholesaler  Trading house  Contractor

Other (please specify) :

What do you sell / what services do you provide?

B - Percentage of total sales to : Manufacturers : % Wholesalers : %  
Retailers : % Others : %

C - What are your estimated sales for the coming year (excluding sales to associated companies) ?

Canada : \$ USA : \$ Other countries : \$

D - Do you manufacture the goods that you sell ?  YES  NO

If not, what is the source of the goods ?

E - To which trade sector(s) do you sell ?

F - Are your products :  Standard or  Custom made ?

G - What are your normal terms of sale ? Longest terms ?

### 3 - WHAT TYPE OF COVERAGE DO YOU REQUIRE ?

A - Do you require insurance of your sales to :

USA and Canada  Canada only  USA only  Other countries (Please complete APPENDIX F)

B - Do you require coverage for pre-delivery risk or work in progress risk ?

YES  NO (If yes, please complete APPENDIX B)

C - Do you require coverage for sales made by affiliated companies ?

YES  NO (If yes, please complete APPENDIX D)

**4 - YOUR BUSINESS IN THE LAST FIVE YEARS**

Please attach details of any abnormally high losses or losses caused by events other than the buyer's insolvency or default

Fiscal Year ending	Sales (exc. sales tax)	Net Losses	Largest Loss*	Number of Losses
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**5 - YOUR BUYER PROFILE**

Note : information should relate only to customers for which insurance coverage is required.

Maximum amount outstanding*	Number in range	Approximate % of total amount in range
Over \$ 200,000		
\$ 50,000 - \$ 200,000		
\$ 25,000 - \$ 50,000		
\$ 10,000 - \$ 25,000		
\$ 5,001 - \$ 10,000		
Up to \$ 5,000		

\*Maximum exposure per buyer i.e. significantly less than annual aggregate sales to the buyer.

**6 - PAST DUE ACCOUNTS**

Please give details below of any accounts that are seriously past due, or are causing you concern regardless of age.

NAME AND ADDRESS	AMOUNT OUTSTANDING	ORIGINAL DUE DATE(S)	ACTION TAKEN

**7 - COLLECTIONS**

**A - How many days after due date do you contact your customer ?**

By : Phone :                      days ;                      Letter :    days ;  
 Stop shipments :              days ;                      Collection agency or attorney :              days ;  
 Visit :                              days ;

**B - Do you have or are you currently negotiating any credit insurance policies, any factoring or invoice discounting agreements or other security relating to any accounts ?**       YES       NO

**C - Has any credit insurance policy or factoring agreement been declined, cancelled or refused within the last two years ?**       YES       NO

### 8 - YOUR CREDIT MANAGEMENT

**A - Are firm credit limits set for each customer ?**  YES  NO

Prior to shipping is the status of the customer's account checked ?  YES  NO

**B - What information do you obtain in order to assess the creditworthiness of a new customer ?**

Credit Agency reports (Agency ? )

Bank Reports  Trade References  Financial Statements

Other :

**C - Specify how often this information is updated for existing clients and their creditworthiness reassessed :**

**D - What general guidelines are used when evaluating a customer's creditworthiness :**

The undersigned officer of the applicant declares that to the best of his/her knowledge the warranties and representations set forth in Sections 1, 2, 4, 7, and 8 and their appendices, if any, are true, and the statements set forth in Sections 3, 5 and 6 and their appendices, if any, are a reasonably accurate representation of the applicant's business. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued and this form will be attached to and becomes part of the policy. The applicant hereby agrees that THE GUARANTEE COMPANY may conduct an investigation of the information contained in the application and authorizes any third party to divulge information requested by THE GUARANTEE COMPANY in that regard. If needed, the applicant will provide any requested authorization to THE GUARANTEE COMPANY in order to facilitate the obtaining of information.

Applicant :

Date :

Buy :

Duly authorized representative of The Guarantee Company of North America

Title :

Typed or Printed Name :

### CHECKLIST ; DID YOU ATTACH TO THIS APPLICATION ?

Appendix A : Your key customers

Copy of your latest annual financial statement

A current aged list of your accounts receivable

Copy of available information on your products (such as brochures)