

proposal form for  
**Trade Credit**

**T A S K E R**  
P A R T N E R S

Insurance and Reinsurance Brokers

## **IMPORTANT NOTICE REGARDING COMPLETION OF THIS PROPOSAL FORM**

### **1. Disclosure**

- Any “material fact” must be disclosed to Insurers.
- A “material fact” is any information, which may alter the judgement of an Insurer in assessing a risk.
- Any “material change” must be disclosed to Insurers.
- A “material change” is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

**(If you are unsure whether a fact or change is material or not, you should disclose it.)**

**Failure to provide all “material facts” and/or notify all “material changes” may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.**

### **2. Presentation**

- This Proposal Form must be completed in ink by an authorised individual, a Partner/ Principal/ Member or Director of the Firm.
- **All** questions must be answered.
- If there is insufficient space to provide answers, additional information should be provided on the Company’s letter headed paper.
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

**Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.**

### **3. Guidance**

- If in doubt as to the meaning of any question contained within this proposal form or the issues raised in (1) or (2) above, please contact us.

Additional information should be provided on separate sheets (ideally on Company Headed notepaper), clearly identifiable as forming part of the proposal form.

---

## SECTION A – THE INSURED

---

### 1. The Proposer

---

1.1 Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Website: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date Established: \_\_\_\_\_ Company Registered No: \_\_\_\_\_  
Business Sector: \_\_\_\_\_ Products Sold: \_\_\_\_\_

---

1.2 Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

---

### 2. Credit Control Procedures

---

2.1 Standard Terms of Payment? \_\_\_\_\_  
Extended Terms of Payment?  Yes  No  
If 'Yes', what are they? \_\_\_\_\_  
Number of accounts on Extended Terms? \_\_\_\_\_  
Approximate % of sales on Extended Terms? \_\_\_\_\_  
Do you sell from Consignment Stock?  Yes  No  
If 'Yes', number of accounts? \_\_\_\_\_  
If 'Yes', approximate percentage of sales? \_\_\_\_\_  
Do you require work in progress cover?  Yes  No  
Do you include Retention of Title in your terms of sale?  Yes  No  
Do any of your customers operation on a self-billing basis?  Yes  No  
If 'Yes', what are they? \_\_\_\_\_  
Do you offer volume rebates?  Yes  No  
If 'Yes', what are they? \_\_\_\_\_

---



---

## 4. Debtor Analysis

---

4.1 Date of analysis

/ /
-----

Debtor Range (£)	Domestic		Export	
	Amount Outstanding	No. of Debtors	Amount Outstanding	No. of Debtors
Less than 1,000				
1,000 – 2,500				
2,501 – 5,000				
5,001 – 10,000				
10,001 – 25,000				
25,001 – 50,000				
50,001 – 100,000				
100,001 – 250,000				
250,001 – 500,000				
500,001 +				

---

## 5. Aged Debt Analysis

---

5.1

Current (not yet due for payment)  
1 – 30 days overdue  
61 – 90 days overdue  
More than 90 days overdue

Amount Outstanding	No. of Debtors

Do you have any seriously overdue  Yes  No

If 'Yes', please attach a separate sheet detailing name, payment date, amount owed and action taken to date.

---

5.2 Name of third party debt collection agency

\_\_\_\_\_

Annual estimate of number of accounts passed over for collection

\_\_\_\_\_

Approximate annual collection charges

\_\_\_\_\_

---

---

## SECTION B – THE BUYERS

---

### 6. Top Customers *(for UK Limited Companies, the name of the Company and the Company number are sufficient)*

---

6.1	1.	Name _____ Address _____ Insured Limit _____	Company No _____	Annual T/O _____ Country _____ Length of Relationship _____
	2.	Name _____ Address _____ Insured Limit _____	Company No _____	Annual T/O _____ Country _____ Length of Relationship _____
	3.	Name _____ Address _____ Insured Limit _____	Company No _____	Annual T/O _____ Country _____ Length of Relationship _____
	4.	Name _____ Address _____ Insured Limit _____	Company No _____	Annual T/O _____ Country _____ Length of Relationship _____
	5.	Name _____ Address _____ Insured Limit _____	Company No _____	Annual T/O _____ Country _____ Length of Relationship _____
	6.	Name _____ Address _____ Insured Limit _____	Company No _____	Annual T/O _____ Country _____ Length of Relationship _____
	7.	Name _____ Address _____ Insured Limit _____	Company No _____	Annual T/O _____ Country _____ Length of Relationship _____

---

---

6.2 Export Markets

Country	Estimated Annual Turnover	No. of Accts	Standard Terms of Payment

---

**DECLARATION**

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ON BEHALF OF:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_

An original signature is required before a contract of insurance can be made as an encrypted signature is not acceptable.

Signing this form does not bind the company to complete the insurance.

We recommend that you keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.

---