

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