

proposal form for
**Specific Account
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: _____

1.3 Description of business:

Are you a manufacturer ?

Confirming House ?

Merchant ?

Agent ?

Other – please specify:

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', give details: _____

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? _____

2.2 Which status information supplier do you use? _____

Estimated number of annual reports ordered? _____

Estimated annual cost of reports? _____

2.3 Do you have an existing credit insurance policy

Yes No

If 'Yes' please provide the name of your provider _____

Renewal date

/ /

2.4 Will you hold or are you currently negotiating any policy of insurance or guarantee; factoring arrangement; invoice discount arrangement or security in connection with the credit risk on the customer in section B ?

Give details if the answer is 'Yes':

Even if the negotiations are not yet complete, is it your intention that the the proposed policy be endorsed to a bank or funder as the loss payee ?

Give details if the answer is 'Yes':

3. Turnover and Loss History

IMPORTANT NOTICE

All figures should exclude VAT , Inter-company, Government and Cash Sales.

3.1 What is your estimated turnover for the next 12 months?

Domestic	Export

Is there a predicted seasonal peak of sales ?

Give details if the answer is 'Yes':

SECTION B – THE BUYER(S)

4. Top Customer(s)

4.1 1 Name _____ Company No _____ Annual T/O _____
Address _____
Country _____
Insured Limit _____ Length of Relationship _____

Terms of payment

Method of payment

Name and address of buyer's bank

Please provide a blank copy of the buyer's company letter headed paper.

Please provide a copy of the contract once it becomes available.

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.
