1. Identification of the prospective insured party

|  |  |  |  |
| --- | --- | --- | --- |
| * Company: | | Click here to enter text. | |
| * VAT no1: | | Click here to enter text. | |
|  | | | |
| * Registered office: | | | |
| * + Address: | | Click here to enter text. | |
| * + No: | | Click here to enter text. | |
| * + Post code: | | Click here to enter text. | |
| * + Locality: | | Click here to enter text. | |
| * + Country: | | Click here to enter text. | |
| * + Phone: | | Click here to enter text. | |
| * + Fax: | | Click here to enter text. | |
| * + E-mail: | | Click here to enter text. | |
| * + Website: | | Click here to enter text. | |
|  | | | |
| * Contact | | | |
| * + Name: | | Click here to enter text. | |
| * + Position: | | Click here to enter text. | |
|  | | | |
| * Part of a group? | Yes | If so which group? | Click here to enter text. |
|  | No |  | |
|  | | | |
|  | | | |
| * Own commercial activities: | | | |
| * + NACE code: | | Click here to enter text. | |
| * + Nature of the goods: | | Click here to enter text. | |
| * + Nature of the activity: | | manufacturer | trader |
|  | | | |
| If you are manufacturer, do you wish to have  the cancellation risk covered (risk incurred  before delivery)? | | Yes | No |
|  | | | |
| If so, what is the maximum duration? | | Choose an item. | |

1. VAT number (Belgium)/ SIRET (France) /…

* Turnover evolution:

|  |  |  |
| --- | --- | --- |
|  | Zone 1² and EU13³ | Zone 24 |
| Year – 5 | Click here to enter text. | Click here to enter text. |
| Year – 4 | Click here to enter text. | Click here to enter text. |
| Year – 3 | Click here to enter text. | Click here to enter text. |
| Year – 2 | Click here to enter text. | Click here to enter text. |
| Year – 1 | Click here to enter text. | Click here to enter text. |
| Expected turnover | Click here to enter text. | Click here to enter text. |

1. Credit insurance

|  |  |  |
| --- | --- | --- |
| * Is your company a past or present policy   holder with any other credit insurance  company? | Yes | No |
|  | | |
| * + Company name: | Click here to enter text. | |
| * + Risks covered: | Click here to enter text. | |
| * + Geographical sector: | Click here to enter text. | |
| * + Policy taken out in (year): | Click here to enter text. | |
|  | | |
| * + Is the policy still valid? | Yes. | |
| Until when? | Click here to enter a date. |
| No. | |
| Cancellation reason: | Click here to enter text. |
|  | | |
| * Are any other members of the group past   or present policy holders with any other credit insurance company? | Yes | No |

2. Zone 1 comprises the following countries: Andorra, Australia, Austria, Azores (Portugal), Belgium, Canada, Canaries (Spain), Ceuta and Melilla (Spain), Channel Islands (Great-Britain), Denmark, Faroe Islands (Denmark), Finland, France, French Guiana (France), Germany, Gibraltar (Great Britain), Greece, Guadeloupe (France), Iceland, Ireland, Isle of Man (Great Britain), Italy, Japan, Liechtenstein, Luxemburg, Madera (Portugal), Martinique (France), Monaco, the Netherlands, New-Zealand, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom, United States, Vatican City.

3. The EU13 comprises the following countries: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

4. Zone 2 comprises all countries which do not fall under zone 1 and the EU13.

1. Client’s analysis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Zone 1 and EU13 | | Zone 2 | |
| Maximum amount at risk  per client | Number of clients | Total of amounts at risk  per band | Number of clients | Total of amounts at risk  per band |
| From 0 to EUR 10,000 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| From 10,001 to EUR 50,000 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| From 50,001 to EUR 200,000 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| From 200,001 to EUR 500,000 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| From 500,001 to EUR 1,000,000 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| From 1,000,001 to EUR 2,000,000 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| > EUR 2,000,000 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal debtors to assess | | | | |
| Name | Country | ID5 | Address | Maximum outstanding  amount |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

5. VAT number (Belgium)/ SIRET (France) /…

1. Analysis of insurable turnover

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Country | Client’s trade sector | Number of clients | Turnover  Year -1 | Credit duration granted | Actual payment  terms (DSO) | Expected turnover | Payment terms (O.A., ILC,…) |
| Click here to enter text. |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Claims

Enumeration of claims6 (only for countries to be covered)

6. A claim is a payment due by a debtor who has become subject to a declaration of bankruptcy or a payment which remains due six months after the undisputed maturity date.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Zone 1 and EU13 | | | Zone 2 | | |
|  | Number of claims | Total amounts of claims | Turnover | Number of claims | Total of amount of claims | Turnover |
| Year – 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Year – 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Year – 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Year – 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Year – 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Current year number of months: | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Declaration and signature of the applicant

As the pricing and policy issuance will be based on the above statements, I certify the latter to be genuine and to fully correspond with the truth. Intentional concealment or purposefully wrong information deluding the insurer’s risk assessment invalidate the insurance agreement.

The information solely concerns the assessment of the proposed transaction and laying down the policy provisions. Signing this document does not entail an obligation.

Done in Click here to enter text., on Click here to enter a date.

Please write your name in full and precede your signature by “Read and approved”.

The exporter :

Name: Click here to enter text.