**Application form**

1. **Applicant**

* Name :
* Address / Country:
* Parent Company:
* Date Established:
* Paid up capital:

1. **Debtor (Buyer/Supplier)**

* Name:
* Address / Country:
* Legal Status:
  + Private
  + Public :      % Government owned
* General description of activities:
* Is there participation on the Debtor’s capital by the Applicant?

1. **Contract**

* Export Import Service  Lease
* Date of Contract Signature:
* Conditions precedent to effectiveness of the Contract:
* Description of Goods and/or Services to be provided:
* Is the subject matter of the Contract standard or custom made?

* How easily could an alternative buyer be found? Would a modification of the products be necessary?

* Was the contract invited or open to bids?

* Have all licenses required for completion of this contract been issued and are they valid for the duration of the contract? (I.e. import, export…)

* Please describe how delivery and acceptance of the goods by Buyer take place and where/when title passes to the Buyer:

* Please indicate Arbitration Clause and Law of Contract:

* Identify the Applicant’s local agent in the Debtor’s country and include experience if applicable:

* Is the Applicant acting as a sole supplier/buyer or as a partner in a consortium or in a joint-venture?

* Total Contract Value and Currency:
* Debt Instrument:
  + Credit terms:
  + Down Payment:
  + Balance:
* Sources of external financing if any (i.e. World Bank, IBRD, etc.) with payment structure:

* Has the Applicant ever had any guarantees called unfairly? If so, please provide details.

1. **Insurance coverage required**

* Please indicate below the types of coverage, limits and time periods for which you are requesting insurance:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Type of coverage | Limit required | Period |
|  | Contract frustration |  |  |
|  | Post Shipment  Pre Shipment |  |  |
|  | Import / Non Delivery |  |  |
|  | Wrongful calling of guarantee |  |  |

* Will there be a Loss Payee under the Policy if issued?

1. **Previous experience**

* Please list all details pertaining to the Applicant’s past experience with the Debtor:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contract | Date | Debt instrument | Amount | Payment period | Payment  delay |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* Were these contracts insured? Where?

* List other contracts currently under negotiation between the Applicant and the Debtor or other parties in the country of risk?

* Does the Applicant have any other outstanding exposure in the country of risk or with the Debtor? Any insurance?

* List previous experience in the country of risk (if none yet with this Debtor) as well as any past or present disputes/litigations:

* List all losses incurred by the Applicant, whether insured or not, in the country of risk with date of loss and amount:

* In case of losses, has the Applicant ever been able to recover any amount (year, recovery amount, procedure)?

* Does the Applicant have any knowledge of any facts which may give rise to a claim under the policy?

* Has the Applicant been declined coverage on any part of this transaction by another insurer?

* Please provide any additional details which could affect the Company’s risk assessment:

1. **Documentation required**

* Copies of the documents listed below are required as applicable prior to the issuance of any policy:
  + Purchase or Sales Contract
  + Debt Instrument
  + Any on-demand guarantees, counter-guarantees and counter-indemnity
  + Performance or payment guarantees
  + Applicant’s Annual Report

1. **Declaration/Warranty**

We, the undersigned, declare that, to the best of our knowledge and belief, the information provided herein is true and complete and that we have not withheld any material information which might affect the judgment of the Company in its assessment and acceptance of the risk.

We understand and agree that any false or fraudulent statement, information, claim made by us, or omission of any material fact in connection with this Application shall cause any policy issued to be null and void ab initio.

We declare that we will not reveal the existence of any policy issued in connection with this Application to the Buyer/Seller or any third party, without the prior written consent of the Company.

We agree that the signing of this Application does not bind the Company or ourselves to the issuance of any policy but it shall form the basis of and become part of the insurance should a policy be issued.

Name: Signature and stamp:

Title: Date:

Broker of Record: