

QUESTIONNAIRE XOL - EXCESS OF LOSS

1. General Information			
Company name:			
Registered address:			
Administrative address:			
Contact name:			
Company Registration number:		VAT number:	
Telephone number:		Fax number:	
E-mail:		Website:	
If applicable please give the name, address and company registration number of your parent company:			
Are you currently credit insured?	<input type="checkbox"/> Yes - <input type="checkbox"/> No		
If yes, please give the name of your insurer and policy expiry date:			
Do you use a broker?	<input type="checkbox"/> Yes - <input type="checkbox"/> No		
If yes, please give the name of your broking house and contact:			
Are you currently factoring your invoices?	<input type="checkbox"/> Yes - <input type="checkbox"/> No		
If yes, please give the name:			
2. Nature of Applicant's business			
Detailed description of business:			
Specify the economic sector of your customers by percentage per sector			
Customers' economic sector	Percentage	Customers' economic sector	Percentage
Specify the kind of customers			
	Percentage		Percentage
Manufacturers:		Intercompany:	
Wholesalers:		Private debtors:	
Service providers:		Others:	
Public debtors:		Others:	
3. Turnover per country to be insured			
(excl. intercompany, public, cash & L/C transactions, private debtors)			
Please state the currency used to fill in this questionnaire:			
3.1. Annual Insurable Turnover of the past 2 years			
Year		Insurable Turnover	
Current Year (estimate)			
Year-1			
Year-2			

6. Debtors analysis

Ranges	Total Amount Outstanding in the Range	Number of Accounts	% of Total Outstanding
Over 2.500.000			
Between 1.000.000 and 2.500.000			
Between 500.000 and 1.000.000			
Between 250.000 and 500.000			
Between 100.000 and 250.000			
Between 50.000 and 100.000			
Between 20.000 and 50.000			
Between 15.000 and 20.000			
Between 10.000 and 15.000			
Between 5.000 and 10.000			
Between 2.500 and 5.000			
Between 0 and 2.500			
TOTAL			

7. Total Debtors balances of the last 4 quarters

As at last	Total Debtors Outstanding	As at last	Total Debtors Outstanding
31 st March Year n-1		30 th September Year n-1	
30 th June Year n-1		31 st December Year n-1	
DSO = (average outstanding / annual turnover) * 360			

8. Credit Management Procedures: Credit Limit Assignment

Is there a written Credit Procedure Manual?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Since:
Where do you get the information for solvency analysis?	<input type="checkbox"/> External credit reports <input type="checkbox"/> Bank information <input type="checkbox"/> Public Accounts debtor <input type="checkbox"/> Directly from the debtor <input type="checkbox"/> Others:
How often do you update your analysis and review Credit Limits?	Months: <input type="checkbox"/> Payment Incident <input type="checkbox"/> Negative information received <input type="checkbox"/> Others:
Do you assign Credit Limits using an External Credit Limit Provider?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Since: Name:
Comments regarding your Credit Management (attach Credit Management Manual):	

9. Recovery actions

Once a Due Date has not been honored:

First contact for recovery	Days maximum after Due Date:	
Method of contact:	<input type="checkbox"/> Telephone <input type="checkbox"/> Visit <input type="checkbox"/> Letter/email <input type="checkbox"/> Others:	
Second contact for recovery	Days maximum after Due Date:	
Method of contact:	<input type="checkbox"/> Telephone <input type="checkbox"/> Visit <input type="checkbox"/> Letter/email <input type="checkbox"/> Others:	
Submission Legal actions / professional recovery	Days maximum after Due Date:	
Delivery Stop and Credit Limit cancellation	Days maximum after Due Date:	
Do you use a Recovery Agency and /or a Recovery professional?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes - Since:	
	Name:	
On average, how many collection/recovery files do you submit per year?		
Total amount of debt submitted a year on average:		
Average success rate of Recovery Agency / Recovery Professional:		%

10. To be filled by the insurer

Credendo / Signature and Company Seal

11. Attachments

- Latest annual report
 Recent ageing balance
 Excel list of losses and overdue accounts (see 5)
 Credit management manual
 If you are credit insured, please provide an Excel list of your customers with credit limits required, credit limits agreed and current outstanding.

12. Declaration

The communication of customer names and / or credit limits fixed by the Insured in this questionnaire or in an attachment, immaterial whether they are reported at the beginning or after the start of the policy does not imply any cover on the specific customer. Condition of cover within this policy is only a credit limit granted by the Insured based on the solvency of the debtor and in application of the Credit Management Procedures which are part of the policy and as described in this questionnaire. The information given above is complete and correct. We declare that to the best of our knowledge, all information supplied above is correct. We are not aware of any information that has not been disclosed which may influence the acceptance of the risk.

Company Name or Company Seal	Signature
	Name:
	Title:
	Date: