



TOKIOMARINE

Global Proposal

We need the information requested in this form to establish the type of cover that we can offer you.
However, the answers that you give won't at this stage commit you to any particular policy, and will of course be treated in complete confidence.

1. Your details

What is the name of your company?

Address

Post code

Country

Phone number

Fax number

Company registration number

A contact name for enquiries

2. What type of cover do you require?

Export and domestic cover

☐

Domestic cover only

☐

Export cover only

☐

Cover from date of contract

☐

OR from date of despatch

☐

Period from date of contract to date of despatch/invoice months

3. Please could you rank your motivations for considering the purchase of Credit Insurance in order of importance? (1= most important, 4= least important)

Risk Mitigation

☐

Financing reasons

☐

Better information on our customers

☐

Improve our credit management

☐

4. Your business

What do you sell / what services do you provide?

Do you manufacture the goods that you sell?

Yes ☐

No ☐

If not, what is the source of the goods?

Please detail all trade sectors to which you sell:

Trade sector

Percentage of insurable turnover

What are your normal terms of payment?

What is your estimated turnover for the coming year (excluding sales to associated companies)?

Domestic

Export

How much of this business will be on cash or CILC terms?

5. Your business in the last five years

Please exclude

- i VAT
- ii sales to any associated or subsidiary companies as these aren't covered as standard by the policy
- iii sales to publicly owned buyers in your country, as the policy doesn't apply to such business.

If you would like cover on any of these please let us know and include in your sales figures for our consideration

| Financial year | Turnover | Net related losses | Largest loss* | Number of losses |
|----------------|----------|--------------------|---------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Year to date | | | | |

* Please attach details of any abnormally high loss or any loss caused other than by the buyer's insolvency or default.

6. Your debtor profile

Please indicate currency:

| Maximum amount outstanding | Number in range | Total amount in range | Maximum outstanding | Number in range | Total amount in range |
|----------------------------|-----------------|-----------------------|---------------------|-----------------|-----------------------|
| Over 2,500,000 | | | 25,001 - 50,000 | | |
| 1,000,001 - 2,500,000 | | | 10,001 - 25,000 | | |
| 500,001 - 1,000,000 | | | 5,001 - 10,000 | | |
| 250,001 - 500,000 | | | 2,501 - 5,000 | | |
| 100,001 - 250,000 | | | 1,001 - 2,500 | | |
| 50,001 - 100,000 | | | TOTAL | | |

7. Your financial year

| | |
|--|-------------|
| Debtor balances at 31 March | 30 June |
| 30 September | 31 December |
| Average number of days, from invoice date, for which sales are outstanding | |
| Current aged debt analysis:- | |
| Current (before due date) | |
| 1 - 30 days after due date | |
| 31 - 60 days after due date | |
| 61 - 90 days after due date | |
| over 90 days after due date | |
| TOTAL | |

8. Overdue accounts

Please give details of any accounts that are overdue or causing you concern

| Name and address | Amount outstanding | Original due date | Action taken |
|------------------|--------------------|-------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Continue on a separate sheet if necessary

9. Collections and security

| How many days after due date do you contact your customers? | | | | |
|--|-----------|----------|----------------------|-------------------|
| by telephone | by letter | by visit | by stopping despatch | by debt collector |
| Retention of title | | | | |
| I Do all of your insured contracts incorporate an "all monies" Retention of Title clause? If No please explain | | | | Yes No |
| II In the past 2 years, have you had cause of exercise your RoT rights? | | | | Yes No NA |
| III If Yes, did your exercising of the RoT rights prove successful? If No please explain | | | | Yes No |
| Do you have any factoring or invoice discounting agreements or other security relating to any accounts? If Yes please give brief details | | | | Yes No |
| Do you have any existing credit insurance policies? If Yes please give brief details (including renewal date) | | | | Yes No |
| Have you ever been refused credit insurance? | | | | Yes No |
| Do you always act in the capacity of contractual principal? (i.e. a party of the contract is legally entitled to take recovery action) If No please give brief details | | | | Yes No |

When do you raise your invoices?

e.g. "X days after despatch"

When do you send statements?

How do you assess your buyers' creditworthiness?
e.g. status reports, trade references

Do you maintain and operate credit limits?

When do you check the account?
e.g. before despatch

How often do you update your credit information?

Who in your company is responsible for your credit management policy?
Name Position

11. Your markets and turnover

your turnover for each of the countries to which you sell (excluding sales to associated companies)
Please indicate currency:

[illegible]

Total turnover

Continue on a separate sheet if necessary

12. Your principal customers

Please indicate currency:

| | Highest balance | Annual turnover | Terms of payment | Days sales outstanding |
|------------------|-----------------|-----------------|------------------|------------------------|
| 1 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 2 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 3 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 4 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 5 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 6 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 7 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 8 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 9 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |
| 10 Name : | | | | |
| Address : | | | | |
| Company reg no : | | | | |

Total sales to your top customers:

and as a percentage of your total turnover %

Have you been refused cover within the last 6 months on any of the buyers listed above

Yes

No

If so, please give brief details

13. Special features

Do you require special features of cover (e.g. Consignment Stock)?

14. Your declaration

We declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.

We agree that, if you issue a Policy to us, this proposal shall form the basis of, and be incorporated in, such Policy.

Signed

Name

Capacity of signatory

Date