

APPLICATION FORM CREDIT INSURANCE

Broker: _____

Currency EUR Other, i.e. _____

Company name: _____ VAT no.: _____
 Address: _____ Company Trade register no.: _____
 Postal code and place: _____
 Phone: _____ Fax: _____
 Website: _____
 Your name: _____ Title: _____
 E-mail: _____
 Bank account no.: _____ In the name of: _____
 IBAN (International Bank Account no.): _____
 SWIFT BIC (Bank Identifier Code): _____

DESCRIPTION OF BUSINESS

Activities: _____

 _____ Date of establishment: _____

Member Trade Sector Organisation: No Yes, i.e.: _____

Are there affiliated companies to be insured? No Yes

If yes, please specify including insurable turnover and total outstandings:

Trade sector of buyers: _____

Conditions for delivery and payment: _____

TURNOVER* LAST THREE YEARS	20 _____	20 _____	20 _____
Netherlands:	_____	_____	_____
Abroad:	_____	_____	_____
Total:	_____	_____	_____

EXPECTED TURNOVER*

Current year: _____

Next year: _____

SPECIFICATION OF TURNOVER* BY COUNTRY

Country:	Turnover*:	Payment terms:	Average payment term:	Number of buyers:	Political risk:
Netherlands	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

* Excl. VAT

BREAKDOWN OF TURNOVER* BY CATEGORY OF BUYERS IN PERCENTAGES AND NUMBERS

	Netherlands: % (number)	Abroad: % (number)
Companies:	_____	_____
Government:	_____	_____
Intercompany:	_____	_____
Advance payment / cash:	_____	_____
Consumers:	_____	_____

THE FOUR LARGEST BUYERS

Nr. Trade Register:	Name:	Place:	Country:	Credit limit:	Outstanding:	% Total turnover:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

AVERAGE OUTSTANDING AMOUNT

	Number of buyers:	Total outstanding amount:
< € 15,000.--	_____	_____
€ 15,000.-- – € 100,000.--	_____	_____
€ 100,000.-- – € 500,000.--	_____	_____
> € 500,000.--	_____	_____

SEASONAL INFLUENCES, ANNUAL DEVELOPMENT OF TOTAL OUTSTANDING AMOUNT

Are there seasonal influences? No Yes

Lowest outstanding amount: _____

Highest outstanding amount: _____

Average outstanding amount: _____

DEBTOR LOSSES / YEAR

Year:	Total loss:	Covered loss:	Number:	Largest loss:	Imminent losses: (> 120 days outstanding)
current year:	_____	_____	_____	_____	_____
20__:	_____	_____	_____	_____	_____
20__:	_____	_____	_____	_____	_____
20__:	_____	_____	_____	_____	_____

COMMENTS ON LARGEST LOSSES

No. Trade Register:	Name:	Address:	Place:	Country:	Amount:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ANALYSIS OF OUTSTANDING AMOUNTS

Not yet due:	_____
Due < 30 days:	_____
Due 30 – 60 days:	_____
Due 60 – 90 days:	_____
Due > 90 days:	_____
Total Amount:	_____

* Excl. VAT

ADDITIONAL INFORMATION DEBTOR PORTFOLIO

Average number of days

Sales Outstanding (DSO): _____

Number of invoices in the last calendar year: _____

Number and amount of disputed debts: _____

DOES THE FOLLOWING APPLY TO YOUR BUSINESS

	No	Yes	
Credit with credit institution	<input type="checkbox"/>	<input type="checkbox"/>	Amount: _____
Is your debtor portfolio pawned?	<input type="checkbox"/>	<input type="checkbox"/>	To: _____
Debtor / creditor relations	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Cash payment / on delivery	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Installments, prepayments	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Delivery on consignment	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Collection through tax account	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Contracts with buyers	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

SPECIFICATION CREDIT MANAGEMENT

Reminder Procedure	Number of days due	Measures
1st reminder	_____ days	Delivery stop: <input type="checkbox"/> Yes <input type="checkbox"/> No, future deliveries: <input type="checkbox"/> on credit <input type="checkbox"/> cash on delivery
2nd reminder	_____ days	Delivery stop: <input type="checkbox"/> Yes <input type="checkbox"/> No, future deliveries: <input type="checkbox"/> on credit <input type="checkbox"/> cash on delivery
3rd reminder	_____ days	Delivery stop: <input type="checkbox"/> Yes <input type="checkbox"/> No, future deliveries: <input type="checkbox"/> on credit <input type="checkbox"/> cash on delivery
final notice	_____ days	Delivery stop: <input type="checkbox"/> Yes <input type="checkbox"/> No, future deliveries: <input type="checkbox"/> on credit <input type="checkbox"/> cash on delivery
collection through 3rd party	_____ days	<input type="checkbox"/> collection agency <input type="checkbox"/> bailiff <input type="checkbox"/> lawyer <input type="checkbox"/> other, i.e.: _____

PREFERRED TYPE OF POLICY

Preferred guaranteed percentage: _____ %

	No	Yes
Including VAT:	<input type="checkbox"/>	<input type="checkbox"/>
Excess per debtor:	<input type="checkbox"/>	<input type="checkbox"/> _____
Excess per insurance year:	<input type="checkbox"/>	<input type="checkbox"/> _____
Fabrication risk:	<input type="checkbox"/>	<input type="checkbox"/>

Longest and average period between date of contract and shipment of goods or completion of services:

Longest: _____ months Average: _____ months

INVENTARISATION CURRENT PARTNERS

	No	Yes	Name	Expiration date contract(s):
Credit insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Business information	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Debtors collection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SERVICES DESIRED

- Business information
- Collection
- Credit Insurance / Debtor Risk cover

PERSON REGISTRATION

If the form is signed by a natural person as meant in article 1 Wet Bescherming Persoonsgegevens (Dutch law for protection of privacy), the signature will also imply approval of data registration as required for the performance of services by Coface Nederland and the exchange of such with related companies. If required Coface Nederland will further inform the client about this.

The personal data supplied by you are used by us to conclude your credit insurance contract or to render financial services, the account management of relations resulting thereof, the activities to expand our database of customers, statistical analyses, our compliance to legal obligations and the prevention or combat of fraud.

The 'Gedragscode Verwerking Persoonsgegevens Financiële Instellingen' (Code of Conduct for Processing Personal Data by Financial Institutions) applies for the processing of personal data. You can refer to the complete text of this code of conduct via the website of the Verbond van Verzekeraars (Association of Insurers) (www.verzekeraars.nl). You can also ask for the code of conduct at the Association of Insurers (Post-box 93450, 2509 AL Den Haag, telephone (+31) (0) 70-333 85 00).

With reference to a sound policy for underwriting, risk and fraud we may consult and lay down your data at the Stichting CIS, Bordewijklaan 2, 2591 XR Den Haag, Post-box 124, 3700 AC Zeist. The aim of processing personal data at the Stichting CIS is the management of insurable risks and the prevention of fraud. For more information: www.stichtingcis.nl. Here you will find the applicable privacy regulation.

UNDERSIGNED

The insured (undersigned) declares the correctness and completeness of the given information and takes knowledge that the General Provisions are available at Coface Nederland and will be sent to him together with the policy if the insurance contract will be concluded. In case of a commission to issue the policy the above mentioned data will also be considered as the basis of the insurance.

Place: _____

Date: _____

Name and signature: _____

Company stamp: _____