
APPLICATION FOR BUSINESS CREDIT INSURANCE POLICY
ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

1 - APPLICANT INFORMATION

COMPANY LEGAL NAME		NO. YEARS IN BUSINESS	
COMPANY ADDRESS	CITY	STATE	ZIP CODE
COMPANY CONTACT NAME		TITLE	
PHONE	FAX	E-MAIL	WEBSITE

DOES YOUR COMPANY SELL TO COUNTRIES OUTSIDE OF THE UNITED STATES? YES OR NO

TYPE OF COVERAGE? DOMESTIC EXPORT BOTH

OTHER ENTITIES/TRADE STYLES TO BE COVERED AND RELATIONSHIP TO THE APPLICANT

DETAILED DESCRIPTION OF PRODUCTS AND/OR SERVICES TO BE COVERED

2 - BUSINESS PROFILE

YOUR BUSINESS: DISTRIBUTOR % ___ MANUFACTURER % ___ WHOLESALE % ___ SERVICE PROVIDER % ___ OR OTHER % ___

GENERAL TERMS OF SALES MAXIMUM TERMS OF SALE

DO YOU CURRENTLY INSURE, SELL, OR FACTOR YOUR RECEIVABLES? YES OR NO

IF YES, PROVIDE THE NAME OF THE SERVICE PROVIDER:

ARE YOUR PRODUCTS CUSTOM-MADE? YES OR NO DO YOU SELL GOOD ON CONSIGNMENT? YES OR NO

WILL COVERED PRODUCTS BE SHIPPED BY DROP SHIPMENT AND/OR TO A THIRD PARTY? YES OR NO IF YES, WHAT COUNTRY?

3 - CREDIT MANAGEMENT PROCEDURES

WHO/WHOM IS IN CHARGE OF THE CREDIT MANAGEMENT PROCESS?

NAME	TITLE
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DO YOU HAVE A WRITTEN CREDIT PROCESS AND PROCEDURE MANUAL? YES OR NO

WHAT INFORMATION DO YOU USE WHEN ESTABLISHING A CREDIT LIMIT? DENOTE WITH AN "X" ALL APPLICABLE CHOICES:

MERCANTILE AGENCY REPORT - INCLUDE NAME:

BANK REFERENCE FINANCIAL STATEMENTS TRADING EXPERIENCE OTHER - EXPLAIN:

HOW DO YOU DETERMINE THE CREDIT LIMIT AMOUNT?

DO YOU CHECK THE STATUS OF AN ACCOUNT BEFORE ACCEPTING AN ORDER? YES OR NO

HOW OFTEN DO YOU MAKE COLLECTIONS? DAILY WEEKLY MONTHLY

4 - SALES AND LOSS HISTORY

IF ACCOUNTING PERIOD OTHER THAN CALENDAR, PLEASE PROVIDE FISCAL YEAR: (/ /)

*DOMESTIC SALES (US & CANADA)

	DOMESTIC SALES	DOMESTIC LOSSES	# OF	EXPORT SALES	EXPORT LOSSES	# OF
FORECASTED POLICY SALES	\$	\$		\$	\$	
ACTUAL 20__ SALES	\$	\$		\$	\$	
ACTUAL 20__ SALES	\$	\$		\$	\$	
ACTUAL 20__ SALES	\$	\$		\$	\$	
LARGEST SINGLE LOSS PAST 3 YEARS	\$	\$		\$	\$	

5 - COUNTRY SALES VOLUME & TERMS OF SALE (USE REVERSE SIDE IF ADDITIONAL SPACE NEEDED)

LIST TOP COUNTRIES BY SALES VOL.	APPROX. NO. OF ACCTS.	GENERAL TERMS OF SALE	MAX. TERMS OF SALE	TOTAL SALES VOL.
1.				
2.				
3.				
4.				
5.				

6 - ACCOUNTS RECEIVABLE SUMMARY

	UNITED STATES	EXPORT COUNTRIES*
TOTAL NUMBER OF ACTIVE ACCOUNTS		
TOTAL AMOUNT OF SALES	\$	\$
PERCENTAGE OF SALES USING LETTERS OF CREDIT		

PROVIDE ENDING QUARTER A/R BALANCES:

FIRST QUARTER (DATE: _____)	SECOND QUARTER (DATE: _____)	THIRD QUARTER (DATE: _____)	FOURTH QUARTER (DATE: _____)
Outstanding A/R:	Outstanding A/R:	Outstanding A/R:	Outstanding A/R:

7 - DISTRIBUTION OF ACCOUNTS RECEIVABLE

PLEASE PROVIDE US WITH A CURRENT ACCOUNTS RECEIVABLE AGING. A/R AGING DATE: (/ /)

IF YOU PROVIDE US WITH AN ELECTRONIC VERSION (EXCEL FILE), SKIP THIS SECTION.

RANGE	# OF ACCOUNTS	DOLLARS OUTSTANDING	% OF TOTAL
\$0 TO \$25,000	#	\$	%
\$25,001 TO \$50,000	#	\$	%
\$50,001 TO \$100,000	#	\$	%
\$100,001 TO \$250,000	#	\$	%
\$250,001 TO \$500,000	#	\$	%
\$500,001 TO \$1,000,000	#	\$	%
OVER \$1,000,000	#	\$	%
TOTALS	#	\$	%

8 - PAST DUE TABLE (AGING)

LIST ALL CUSTOMERS THAT YOU ARE REQUEST NG COVERAGE ON THAT ARE PAST DUE MORE THAN 60 DAYS, OR HAVE REASON TO BELIEVE WILL BECOME PAST DUE. IF NONE, PLEASE WRITE "N/A". IF MORE SPACE IS REQUIRED, PLEASE USE BACK OF FORM.

CUSTOMER NAME & COUNTRY (IF APPLICABLE)	SHIPMENT DATES	TERMS OF SALE	ACCOUNT BALANCE	AMOUNT PAST DUE 60 DAYS	REASON
1.			\$		
2.			\$		
3.			\$		
4.			\$		
5.			\$		
6.			\$		

9 - BUYER INFORMATION - PLEASE LIST YOUR MOST IMPORTANT CUSTOMERS AND AMOUNT OF COVERAGE REQUESTED

CUSTOMER NAME	FULL ADDRESS (INCL. CITY, STATE/PROVINCE, COUNTRY)	PHONE	AMOUNT
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$

PRINT NAME:

TITLE:

SIGNATURE:

DATE:

FOR INTERNAL USE ONLY

POLICY FORMAT:

PORTFOLIO DESCRIPTION AND EXPLANATION:

BROKER OF RECORD

We _____, the applicant, recognize Noble Risk Management LLC as our broker of record for the purpose of securing credit insurance quotes.

Any policy for credit insurance issued to the company above shall be on the representation and warranties made in this application. Such policy if issued along with this application and the policy declaration shall constitute the entire agreement between the applicant and the insurance carrier notwithstanding any statement or agreement made by any agent of Noble Risk Management LLC to the contrary.

Any person who, with intent to defraud or knowing that she/he is facilitating a fraud against an insurer, submits an application or files a claim containing a false deception statement may be guilty of insurance fraud.

Signature

Title

Print Name

Date
