

ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

**INSURANCE COVERAGE REQUESTED** (Check Applicable Choice)

Domestic (U.S. and Canada Only)

Multi-Markets (Domestic and Export)

**1 APPLICATION INFORMATION**

Company Legal Name

Company President Name

Company Address

City  State/Province  Zip / Postal Code

Policy Contact Name  Policy Contact Title

Phone  Fax  E-Mail

Other Entities/Trade Styles To Be Covered

**2 BUSINESS DESCRIPTION**

Your business (check applicable choices) Manufacturer  / Wholesaler  / Retail  / Other

Products and/or services to be covered

Does your company sell to countries other than the U.S. and Canada? Yes  OR No

Is your most recent financial statement attached? Yes  OR No

**3 ACCOUNTS RECEIVABLE SUMMARY**

	DOMESTIC	EXPORT*
Total number of active accounts	<input type="text"/>	<input type="text"/>
Total amount of sales	\$ <input type="text"/>	\$ <input type="text"/>
Estimated total outstanding receivable in peak months	\$ <input type="text"/>	\$ <input type="text"/>
1Q (date )	\$ <input type="text"/>	\$ <input type="text"/>
2Q (date )	\$ <input type="text"/>	\$ <input type="text"/>
3Q (date )	\$ <input type="text"/>	\$ <input type="text"/>
4Q (date )	\$ <input type="text"/>	\$ <input type="text"/>

## 4 TERMS OF SALE

	DOMESTIC	EXPORT*
Normal open account terms of sale	<input type="text"/> days	<input type="text"/> days
Days sales outstanding (DSO)	<input type="text"/> days	<input type="text"/> days
Percentage of sales under normal terms	<input type="text"/> %	<input type="text"/> %
Longest terms of sales (include dating)	<input type="text"/> days	<input type="text"/> days
Percentage of sales under longest terms	<input type="text"/> %	<input type="text"/> %
Percentage of sales using letter of credit	<input type="text"/> %	<input type="text"/> %
Types of documentary collections	<input type="text"/>	<input type="text"/>
Terms of documentary collections	<input type="text"/> days	<input type="text"/> days
Percentage of sales using documentary collections	<input type="text"/> %	<input type="text"/> %

## 5 SALES AND LOSS HISTORY – DOMESTIC

Gross profit margin  %      Forecasted net domestic sales (next 12 months) \$

	CURRENT YTD	THREE MOST RECENT FULL YEAR'S RESULTS (IN THOUSANDS)			WORST LOSS YEAR OVER LAST FIVE
		Year:			
Net sales	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bad debts	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Number of bad debt write-offs	# <input type="text"/>	# <input type="text"/>	# <input type="text"/>	# <input type="text"/>	# <input type="text"/>
Largest single loss:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Name of company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State or Province	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second largest single loss:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Name of company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State or Province	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5 SALES AND LOSS HISTORY – EXPORT\*

Gross profit margin  %

Forecasted net export sales (next 12 months) \$

	CURRENT YTD	THREE MOST RECENT FULL YEAR'S RESULTS (IN THOUSANDS)			WORST LOSS YEAR OVER LAST FIVE
		Year:			
Net sales	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bad debts	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Number of bad debt write-offs	# <input type="text"/>	# <input type="text"/>	# <input type="text"/>	# <input type="text"/>	# <input type="text"/>
Largest single loss:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Name of company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State or Province	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second largest single loss:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Name of company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State or Province	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* if your company does not export outside the U.S. and Canada, you do not need to fill out the export sections.

## 6 DISTRIBUTION OF EXPORT SALES

List top countries by sales

TERMS OF PAYMENT

SALES

1.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
6.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
7.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
8.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

## 7 CREDIT MANAGEMENT PROCESS

Do you have formal written credit procedures? Yes  OR No

Who in your company manages the credit management process and who assists in that effort?

Name  Title  full time  part time

Name  Title  full time  part time

Do you establish credit limits? Yes  OR No

If yes, on what basis is a specific limit established? Check applicable choices:

Mercantile Report (agency)

Bank Reference

Financial Statement

Other Sources (e.g., trading experience)

At what credit limit are financial statements normally required? \$

Are regular personal visits made to see client? Yes , by whom?  OR No

How often is credit and/or financial information updated?

How often is credit limit reviewed and on what basis?

What information do you use when reviewing the credit limit?

Do you use security instruments in establishing credit limits? Yes , what kind?  OR No

Do you refer to the status of the account before authorizing: Yes  OR No

Acceptance of order in writing? Yes  OR No , if No, how?

Approximate time from order acceptance to delivery?

Under what circumstances have you stopped shipping an account (e.g., past due condition)? Please provide details.

Do you currently insure or factor your receivables? Yes , with whom?  OR No

Do you have formal written collection procedures? Yes  OR No

If yes, what in-house resources do you use?

Under what circumstances do you place accounts for collections with outside agencies?

How do you manage your international collections?

## 8 PAST DUE TABLE

List all customers on which coverage is being requested with undisputed amounts more than 60 days past due under original terms of sale, or that you have reason to believe will become 60 days past due. If there are none, please indicate by writing "none."

	CUSTOMER NAME / COUNTRY	SHIPMENT DATES	ACCOUNT BALANCE (IN THOUSANDS)	AMOUNT 60 DAYS +	ORIG. TERMS OF SALE (NET)	REASON FOR PAST DUE
1.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

We will rely on the representations provided by you in, and in connection with, this application when making decisions regarding any policy we may issue. This application, the policy, and the declarations shall constitute the entire insurance agreement between you and The Insurance Company. No loss, which occurs prior to the payment of the premium, will be covered even if the policy has been delivered. No sales representative is authorized to delete, modify, or waive any policy provisions, either verbally or in writing.

**For your protection, State Law (in many states) requires the following information to appear on this form:**

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and punishable by law." (New York statues further state that fraudulent acts "shall be subject to a civil penalty not to exceed five thousand dollars and the value of the claim for each such violation.")

Please be advised that the information contained herein and/or attached hereto will be treated as confidential by Securitas Global Risk Solutions. Unless otherwise instructed by you, the referenced information will be shared with underwriters on a need-to-know basis.

The applicant hereby appoints Securitas Global Risk Solutions as the broker of record for all matters pertaining to this application. Furthermore, the applicant certifies that the information set forth herein is true and correct to the best of your knowledge and beliefs.

Name  Signature \*\*

Title  Date

\*\* For electronic version please initial as your signature, we will get official signature at time of meeting.)

**Additional Information**

Please include the following with a completed and signed application.

1. Recent accounts receivable report
2. List of accounts that you are looking to have insured, including (you can use the form provide on the next page or one of your own):
  - Company Name
  - Full Address
  - Phone Number
  - Credit Limit Being Requested
3. Authorization to contact your customers to obtain financial data to assist in the underwriting.
4. The remaining information is optional, but will enhance our ability to provide the most beneficial policy structure/pricing for your company.
  - Annual Report or financial statement on your Company
  - Financial statement on customers where you are requesting coverage
  - Copy of your Credit and Collection Procedures
  - Copy of your Credit Application / Trade Reference Form

**All information provided will be held in  
STRICT CONFIDENCE**

When you have completed the application, please e-mail or fax to my office.

If you have any questions, please call. My contact information is below. Thank you and we look forward to serving you.

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