

# APPLICATION

All information provided will be held in strict confidence

## (1) YOUR COMPANY INFORMATION

Company Legal Name			
Office Address			
City		State	Zip Code
Phone	Fax	Company Website	
Name	Title	E-mail	
Detailed Description of Products and/or Services to be Covered			
Other entities/trade styles to be covered and relationship to your company			
Is your most recent financial statement attached?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have an existing credit insurance policy?    Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, name of insurer	

## (2) YOUR BUSINESS PROFILE

Your Business:    Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retail <input type="checkbox"/> Service Provider <input type="checkbox"/> Other <input type="checkbox"/>			
Are products custom made?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Any consignment sales?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you currently factor your receivables?    Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Provide the name of the Factor	
Will Covered Products be Supplied <b>By</b> (Drop Shipped) and/or <b>To</b> a Third Party?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, provide Third Party Information			

## (3) YOUR ACCOUNTS RECEIVABLE SUMMARY

\* If your company does not Export, you do not need to fill out the Export sections.

	DOMESTIC	EXPORT*
Total Number of Active Accounts		
Provide dates for the four prior quarters & ending A/R balance:		
First Quarter - (    /    /    )	\$	\$
Second Quarter - (    /    /    )	\$	\$
Third Quarter - (    /    /    )	\$	\$
Fourth Quarter - (    /    /    )	\$	\$

## (4) YOUR DOMESTIC SALES AND LOSS INFORMATION

Forecasted Insurable Sales (next 12 months) - \$

Last 3 fiscal year's results (In thousands)	Gross Domestic Sales	Number losses	Gross losses	Single largest loss
Date:	\$	#	\$	\$
Date:	\$	#	\$	\$
Date:	\$	#	\$	\$
Standard Terms of Payment	% Turnover	Longest Terms of Payment		% Turnover

**(5) YOUR EXPORT SALES AND LOSS INFORMATION**

\* If your company does not Export, you do not need to fill out the Export sections.

Forecasted Insurable Sales (next 12 months) – \$

Last 3 fiscal year's results (In thousands)	Gross Domestic Sales	Number losses	Gross losses	Single largest loss
Date:	\$	#	\$	\$
Date:	\$	#	\$	\$
Date:	\$	#	\$	\$
Standard Terms of Payment	% Turnover	Longest Terms of Payment		% Turnover

**(6) YOUR DISTRIBUTION OF EXPORT SALES**

\* If your company does not Export, you do not need to fill out the Export sections.

You may provide us with an electronic version (Excel File) in place of the chart below.

List Top Countries by Sales Volume	Terms of Sale (Days)				Annual Sales
	Normal Terms	%	Longest Terms	%	
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

**(7) BUYER INFORMATION**

Please use this table to provide information on your most important customers.

Customer Name	Corporate Address	Phone Number	Country	Duns #	Amount of Coverage Requested
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$

**(8) YOUR PAST DUE TABLE**

\* If there are none, please indicate by writing "none."

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 more than five names, please provide information on a separate document.

Customer Name / Country	Shipment Dates	Account balance (in thousands)	Amount 60 days +	Orig. terms of sale (net)	Reason for past due
1.		\$	\$		
2.		\$	\$		
3.		\$	\$		
4.		\$	\$		
5.		\$	\$		

**(9) PERMISSION TO USE YOUR NAME**

Our efforts to provide maximum coverage on your customers are dependent on our ability to obtain financial information. Euler Hermes North American Insurance Company may need to contact your customers to request the information needed for these coverage decisions.

Do we have your permission to use your company name when contacting your customers?    Yes     No

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, the Special Terms, and all Endorsements shall constitute the entire insurance agreement between you and Euler Hermes North America 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 to appear on this form:

"Any person who knowingly and with intent to defraud any insurance company or other person files a Proposal 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 statutes further state that fraudulent acts "shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Printed Name:	Title:
Signature:	Date:

## NOTICE TO APPLICANTS IN THE FOLLOWING STATES:

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**Arizona:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

**Indiana:** A person who knowingly and with intent to defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a third degree felony.

**Kansas:** A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false

information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who submits an application, or files a claim with intent to defraud, or helps to commit a fraud against an insurer is guilty of a crime.

**Nevada:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**New Hampshire:** Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Pennsylvania:** 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 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 subjects such person to criminal and civil penalties.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offence and subject to penalties under state law.