

APPLICATION FOR CREDIT INSURANCE

Applicant Information

| | | | |
|-------------------------|-------|---------|------|
| Applicant Name: | | d/b/a: | |
| State of Incorporation: | | | |
| Street Address: | | | |
| City: | | State: | Zip: |
| Tel: | Cell: | E-mail: | |
| Contact Name: | | Title: | |

Business Description

| | |
|--|---|
| 1) What is your line of business? | |
| 2) How many years in business? | _____ years |
| 3) How long have you exported? | _____ years |
| 4) Have you ever carried credit insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) If so, state with which company and when the latest policy expired or expires. | _____ / ____/20____ |
| 6) What are your terms of sale? | Open account _____% Letter of Credit _____% Other _____% |
| 7) For open account sales, what are your regular terms of sale? | _____ days, net _____ days |
| 8) About what percentage of sales? | Wholesalers/Distributors _____% Retailers _____% Manufacturer _____% |
| 9) Are you a: | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor/Wholesaler <input type="checkbox"/> Service Provider <input type="checkbox"/> Other |
| 10) What are your longest terms of sale, including dating? | _____ days |
| 11) What is your Days Sales Outstanding (DSO)? | _____ days |
| 12) Are you aware of any adverse information regarding the creditworthiness of any entity to which you have or will sell/ship to under the policy? | If yes, state particulars: |
| 13) How many accounts did you place with attorneys or collection agencies for collection during the past year? | |
| 14) What was the average amount of such accounts? | \$ _____ |
| 15) How many active customers are dealt with? | |
| 16) What is the amount of your present outstandings? | \$ _____ |
| 17) How many of same now past due under original terms of sale? | |
| 18) How much past due over 60 days? | \$ _____ |

Dual Use Items

If you do not sell dual-use goods or services*, please check the following box:

If you sell dual-use goods or services* for which the applicable laws and regulations require you to have an export authorization, please confirm that you have obtained such authorization from the competent authorities by checking the following box:

* Dual-use goods or services are items or technologies which are normally used for civilian purposes but which may have military applications. Export of dual-use goods or services are subject to specific regulations.

Debtor Information

As a basis for the policy hereby applied for, and for any Policy of Credit Insurance which may hereafter be issued to us, we warrant the following statement of our sales, losses, and amounts owing by debtors under or seeking general extension to be correct, and represent the combined experience of our company and that of all entities to be insured under this Policy.

All amounts are noted in _____ dollars

Debtor Analysis

Maximum amount outstanding at any one time by buyer on sales for the last twelve months:

| Maximum Outstanding by Buyer | # of Buyers in Range | \$ Value in Range |
|------------------------------|----------------------|-------------------|
| \$1-2,500 | | \$ |
| \$2,501-5,000 | | \$ |
| \$5,001-10,000 | | \$ |
| \$10,001-25,000 | | \$ |
| \$25,001-50,000 | | \$ |
| \$50,001-75,000 | | \$ |
| \$75,001-100,000 | | \$ |
| \$100,001-300,000 | | \$ |
| \$300,001-500,000 | | \$ |
| \$500,001-1,000,000 | | \$ |
| Over 1,000,000 | | \$ |

(If needed, please provide detailed information on a separate page and submit with this document.)

Accounts Receivable Summary

| Domestic A/R | | | | |
|------------------------|---------|---------|---------|---------|
| Quarter Ending | / /20__ | / /20__ | / /20__ | / /20__ |
| Receivable Outstanding | \$ | \$ | \$ | \$ |

| Export A/R | | | | |
|------------------------|---------|---------|---------|---------|
| Quarter Ending | / /20__ | / /20__ | / /20__ | / /20__ |
| Receivable Outstanding | \$ | \$ | \$ | \$ |

Sales and Loss History

| Domestic Sales and Losses | | | | | |
|---------------------------|----------------|--------------------------------|--------------|-------------|--|
| | Domestic Sales | Domestic Sales on Open Account | Gross Losses | # of Losses | Largest Single Domestic Loss (Name and Amount of Loss) |
| 20____ | \$ | \$ | \$ | | \$ |
| 20____ | \$ | \$ | \$ | | \$ |
| 20____ | \$ | \$ | \$ | | \$ |
| Current Year | \$ | \$ | \$ | | \$ |
| Projected (next 12 mos.) | \$ | \$ | \$ | | \$ |

| Export Sales and Losses | | | | | |
|--------------------------|--------------|------------------------------|--------------|-------------|--|
| | Export Sales | Export Sales on Open Account | Gross Losses | # of Losses | Largest Single Export Loss (Name and Amount of Loss) |
| 20____ | \$ | \$ | \$ | | \$ |
| 20____ | \$ | \$ | \$ | | \$ |
| 20____ | \$ | \$ | \$ | | \$ |
| Current Year | \$ | \$ | \$ | | \$ |
| Projected (next 12 mos.) | \$ | \$ | \$ | | \$ |

Existing Debts Over 60 Days Past Due

| Debtor | Amount Outstanding | Amount Outstanding Beyond 60 Days | Reason |
|--------|--------------------|-----------------------------------|--------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

(If needed, please add names on a separate page and submit with this document.)

Country Breakdown

| Country | Sales Amount | Country | Sales Amount |
|---------|--------------|---------|--------------|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

(If needed, please add Countries on a separate page and submit with this document.)

Other Entities to Insure (Included Sales/Assigned Accounts):

| Name | Address, City, State & Country | Relationship to Applicant | Estimated Insurable Sales |
|------|--------------------------------|---------------------------|---------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

(If needed, please add Entities on a separate page and submit with this document.)

Key Account Information

| Customer Name | Address, City, State & Country | Phone # | Coverage Requested |
|---------------|--------------------------------|---------|--------------------|
| 1 | | | \$ |
| 2 | | | \$ |
| 3 | | | \$ |
| 4 | | | \$ |
| 5 | | | \$ |
| 6 | | | \$ |
| 7 | | | \$ |
| 8 | | | \$ |
| 9 | | | \$ |
| 10 | | | \$ |

(If needed, please add Customer Information on a separate page and submit with this document.)

Ultimate Beneficial Owner: The Coface North America Insurance Company Know Your Customer (KYC) process requires the identification and screening of the beneficial owner(s) of your company. Please provide the name, title and country of legal residence of any individuals, who hold directly or indirectly at 25% or more of the capital or voting rights in your company, or who exercises by any other means, control over the strategy, the management, and the activities of the company, or over the general meeting of members, associates or shareholders. Please also state their percentage ownership of direct or indirect interest.

| Last Name | First Name | Title | Legal Residence (Country) | Direct/Indirect Interest (%) |
|-----------|------------|-------|---------------------------|------------------------------|
| 1 | | | | |
| 2 | | | | |
| | | | | |

(If needed, please add names on a separate page and submit with this document.)

Consent to disclose: Our ability to evaluate your coverage requests to the fullest extent possible may depend upon our access to financial information concerning your buyers. As a result, we may need to contact your buyers to request, obtain and discuss information about their company that will be used in our coverage decisions. By signing this application, you consent to the disclosure of your company name when contacting your buyers. If you wish to opt-out, you must select the following: OPT-OUT

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: "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 FINES OR CONFINEMENT IN PRISON OR ANY COMBINATION THEREOF."

NOTICE TO ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. A PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO CALIFORNIA APPLICANTS: "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."

NOTICE TO COLORADO APPLICANTS: "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."

NOTICE TO DELAWARE APPLICANTS: "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO INDIANA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY."

NOTICE TO KANSAS APPLICANTS: "A FRAUDULENT INSURANCE ACT IS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH THE INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL 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."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO LOUISIANA APPLICANTS: "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."

NOTICE TO MAINE APPLICANTS: "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."

NOTICE TO MARYLAND APPLICANTS: "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."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW HAMPSHIRE APPLICANTS: "ANY PERSON WHO, WITH A 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."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "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."

NOTICE TO NEW YORK APPLICANTS: "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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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."

NOTICE TO OKLAHOMA APPLICANTS: "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."

NOTICE TO OREGON APPLICANTS: "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 MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

NOTICE TO PENNSYLVANIA APPLICANTS: "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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO RHODE ISLAND APPLICANTS: "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."

NOTICE TO TENNESSEE, WASHINGTON AND VIRGINIA APPLICANTS: "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."

NOTICE TO VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

NOTICE TO WEST VIRGINIA CLAIMANTS: "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."



If You do not wish to receive commercial offers from Coface and its partners, please check this box

This application and said policy, if issued, shall, with the terms and conditions therein, constitute the entire agreement between the undersigned and the Company, any verbal or written statement, promise or agreement, by any agent of the said Company, or notice to or knowledge of such agent or any other person, to the contrary notwithstanding. It is also agreed that this application, whether as respects anything contained therein or omitted therefrom has been made, prepared, and written by the applicant or by his own proper agent.

The undersigned hereby represents and warrants that the undersigned is duly authorized by the applicant to execute and submit this application for trade credit insurance.

Consent to Electronic Delivery and Signature

(iv) By checking Box (A) below, we hereby consent to the delivery of any insurance policy, binders, endorsements, riders, invoices, billing correspondence and all other notices to occur by means of electronic mail or other agreed electronic means, sent to the address and contact information set forth herein, or as otherwise may be agreed in writing, among us from time to time. In addition, by checking Box (A), you agree that this application and other documents relating to the issuance of a policy by Coface may be signed electronically. It is agreed that electronic signatures are the same as handwritten signatures for the purposes of validity, enforceability and admissibility. The undersigned acknowledges that this consent will be effective with respect to the use of electronic signatures and the delivery of any insurance policy, binders, endorsements, riders, invoices, billing correspondence and all other notices that occurs on or after the date set next to my signature of this Application and will remain in effect unless and until the undersigned delivers notification of our intent to revoke this consent to Coface. Any such revocation of this consent will be effective for the delivery of such documents that occurs more than 10 days after the date of notice of such revocation is received by Coface. Check Box B to state that you do not consent to receive such communications electronically.

Box (A) We consent to the use of electronic signatures and to receive the insurance policy, binders, endorsements, riders, invoices, billing correspondence and all other notices electronically from Coface.

Box (B) We do not consent to the use of electronic signatures and to receive the insurance policy, binders, endorsements, riders, invoices, billing correspondence and all other notices electronically from Coface.

Applicant Signature: _____ Date: _____

By: _____
(Print Name)

Address: _____

Email: _____ Phone: _____