

Proposal Form – Specific Account

Applicant

Company name: _____ Reg no./D-U-N-S[®] no. _____

Address: _____

Post code: _____ Country: _____

Business sector: _____ SIC code: _____

Contact name: _____ Fax no.: _____
credit limit notifications to be sent to

Position: _____ Telephone no.: _____

E-Mail: _____ Website: _____

Are you currently credit insured? no yes, with _____ Renewal date: _____

Do you use Factoring or Invoice discounting no yes, with _____ Broker: _____
(or otherwise assign your debts)?

Specific Account

Currency: EUR USD GBP _____

Company name: _____ Reg no./D-U-N-S[®] no. _____

Address: _____

Post code: _____ Country: _____

Terms of payment: _____ Period of cover required: _____

Required credit limit: _____ Estimated turnover with this buyer _____
(next 12 months)

Is this a new buyer? no yes

Please describe your trading experience with this buyer:

Good Buyer always pays within the agreed credit period

Average Buyer always pays within the agreed credit period or up to 30 days beyond due date

Unsatisfactory Buyer sometimes pays later than 30 days after due date

Date account first opened: _____

Annual turnover with this buyer (last 12 months): _____

Annual average turnover with this buyer (last 36 months): _____

Has this buyer ever asked you to accept a payment plan? no yes

yes Is there any reason other than prudence for you to request insurance in respect of this buyer? no yes
 if yes, please specify:

Within the last 6 months have you received a reduction or cancellation of a credit limit on this buyer or an associated company of this buyer from your current insurer?

no yes, the reason was _____

Expected frequency of transaction:

Series of contracts
 Single transaction

Reason for covering this buyer:

New buyer
 Refusal by current insurer
 Volume of transaction

Are you aware of any material facts¹ concerning this buyer or any associated company of this buyer that you have not disclosed to us?

no yes
if yes, please specify: _____

Overdue Accounts (excl. VAT)

Is the specific account seriously overdue?

no yes
if yes, please specify: _____

General Framework

When do you usually invoice?

on date of delivery
 within a week after delivery
 by the end of month of delivery

Do you include retention of title?

no yes
Comments: _____

Is political risk cover required?

no yes

If you are seeking insurance cover for more than one applicant, is credit control centralised and common?

no yes

The information provided is given in strictest confidence.

We declare and warrant that the statements made in this form and any attachments are to the best of our knowledge and belief, true and material facts¹ have not been withheld. We understand that the non-disclosure or misrepresentation of a material fact will entitle Zurich to void this insurance.

¹ a material fact is one likely to influence the underwriter in fixing the premium and accepting the risk. If you are in any doubt as to whether a fact is material or not, you should disclose it. Failure to do so may entitle Zurich to avoid cover from inception and seek repayment of paid claims.

Date

Signature

Position

Zurich Insurance plc Niederlassung für Deutschland · Direktion Frankfurt
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IBAN: DE11 5007 0010 0093 7789 02, BIC: DEUTDEFFXXX
Chairman of the Board: Dr. Axel Lehmann
Authorised Representative of Branch: Ralph Brand
Registered Office of Branch: Frankfurt/Main (Registered no. HRB 88353), Solmsstraße 27-37, 60486 Frankfurt am Main
Legal Form (Zurich Insurance plc): public company limited by shares (public limited company under Irish law),
Registered Head Office: Dublin (Ireland)
Companies Registry Office (equivalent to the German Court of Registration) Registered no.: 13460
Representative of the Company: Patrick Manley (Chief Executive Officer)

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