



ALLIED WORLD SPECIALTY INSURANCE COMPANY

1690 New Britain Ave, Suite 101, Farmington, CT 06032 · Tel. (860) 284-1300 · Fax (860) 284-1301

TRADE CREDIT INSURANCE APPLICATION

OUR POLICY OPERATES ON THE PRINCIPLE OF CO-INSURANCE. THIS MEANS THAT YOU WILL BE CONSIDERED YOUR OWN INSURER FOR: AN AGREED PERCENTAGE OF LOSS YOU MAY SUFFER; SO MUCH OF ANY INDEBTNESS OWING TO YOU AS EXCEEDS THE PERMITTED LIMIT; AND ANY DEDUCTIBLES APPLICABLE TO YOUR POLICY.

THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE READ THE ENTIRE APPLICATION CAREFULLY, BEFORE SIGNING.

CONTACT YOUR BROKER, AGENT OR INSURER IF YOU REQUIRE A SPECIMEN POLICY.

PLEASE CHECK APPLICABLE: [ ] Whole Turnover Application

I. GENERAL INFORMATION

- 1. Name of Applicant
2. Address of Applicant
City State/Province Zip/Postal Code
3. Website
4. Contact Name and Title Telephone
5. Insurance Brokerage Name Drawbridge Insurance / TechRisks Address 2329 Orchard Hill, Warrington, PA 18976
Account Manager Name Michael N. Kihm Telephone 267-803-1371

Please note: It is agreed that the Insurance Brokerage noted above has been assigned by the Applicant to act as the broker of record with respect to all that matters pertaining to the Applicant's Trade Credit Insurance Program.

- 6. Why do you seek credit insurance?
[ ] Risk Mitigation [ ] Financing [ ] Both [ ] Other
7. Credit Procedures Questionnaire or Manual attached? Yes [ ] No [ ]

II. COMPANY INFORMATION

- 1. Describe your trading activity including the kind of goods and services sold.

[Empty text box for trading activity description]

- 2. Do you manufacture the goods that you sell? Yes [ ] No [ ]
If no, from what countries are the goods sourced?

[Empty lines for sourcing information]

3. To what trade sector(s) are they sold?

Manufacturers \_\_\_\_%  Retailers \_\_\_\_%  Wholesalers \_\_\_\_%  Other \_\_\_\_%

Describe \_\_\_\_\_

4. Number of years in business \_\_\_\_\_ Number of employees \_\_\_\_\_

5. Year-end \_\_\_\_\_ Financial Institution \_\_\_\_\_

6. Please select and provide full details of any of the following that apply to the business to be insured:  
If any of the following are selected, please provide the requested documents:

Trade Credit Insurance policy with \_\_\_\_\_ Expiry Date \_\_\_\_\_.

Factoring Arrangement or Invoice Discounting, please provide copy of agreement.

Personal Guarantee, please provide list.

Retention of Title in your Condition of Sale, please provide copy.

Other Security, please provide list.

MSA

VAR Sales  
agreement

IT Contract / Break Fix  
work orders or other

**III. COVERAGE REQUIRED**

1. Policy Currency: USD  CAD

2. Please check which type of policy is required:

Export and Domestic Coverage

Domestic Coverage only (if selected, this Application should relate to your domestic business only)

Export Coverage only (if selected, this Application should relate to your export business only)

3. Do you require coverage for pre-delivery or work-in-progress risk? Yes  No

If yes, please answer the following questions:

a. What is the maximum delivery period? \_\_\_\_ days

b. What is the minimum delivery period? \_\_\_\_ days

4. Are orders confirmed in writing? Yes  No

5. Do customers have the right to cancel confirmed orders? Yes  No

**IV. COMPANY SALES, BAD DEBT AND ACCOUNTS RECEIVABLE ANALYSIS**

1. Sales estimated for the coming 12 months (exclude sales to affiliates of the Applicant(s), sales on terms of CAD, CILC, ILC):

Country	Sales Forecast	Maximum Terms of Payment (Please note where maximum terms are different than standard)
1. Canada	\$	
2. USA	\$	
	\$	
	\$	
	\$	

*(If more countries are required, please attach an aged list of accounts receivables and check here: )*

2. Bad Debt History: (Please indicate current year and previous years in descending order.)

	Current Year:	Year:	Year:	Year:	Year:
<b>1. Canada</b>					
Net Losses:					
Largest Loss					
Company Name					
Total # of Losses					
	Current Year:	Year:	Year:	Year:	Year:
<b>2. USA</b>					
Net Losses:					
Largest Loss					
Company Name					
Total # of Losses					

3. Export Countries (Non-US): (Please indicate current year and previous years in descending order.)

	Current Year:	Year:	Year:	Year:	Year:
Net Losses:					
Two Largest Losses:					
1.					
2.					
Company Name:					
1.					
2.					
Total # of Losses					

4. Please describe any unusually large write-offs/losses caused by other than the Buyer's insolvency or protracted default (Please attach a separate sheet if necessary and check here .):

5. Accounts receivable (A/R) Analysis:

- i) Current A/R balance: \$ \_\_\_\_\_ Date \_\_\_\_\_
- ii) Average number of days sales outstanding \_\_\_\_\_
- iii) Aging of current A/R balance as of \_\_\_\_\_ (Date)

Current: \$ \_\_\_\_\_ 1-30 days past due: \$ \_\_\_\_\_ 31-60 days past due: \$ \_\_\_\_\_  
 61-90 days past due: \$ \_\_\_\_\_ More than 90 days: \$ \_\_\_\_\_

**V. BUYER ANALYSIS**

1. The Buyer profile of your active customers:

Debt (balance outstanding at any one time)	Number of Buyers in range	Total amount of sales in range
Over \$2,000,000		
\$1,00,001 - \$2,000,000		
\$500,001 - \$1,000,000		
\$250,001 - \$500,000		
\$100,001 - \$250,000		
\$50,001 - \$100,000		
\$20,000 - \$50,000		

\$10,000 - \$20,000		
Up to \$10,000		
Total		

2. Major Buyers by credit limit size:

*(Please note: If an aged list of accounts receivables, including Buyer address, credit limit, years as customer and average days sales outstanding is attached, check here: . If attached the following table does not need to be completed.)*

Name and Address	Credit Limit Required	Current A/R Balance	# of Years as a Customer	# of Days Sales Outstanding	Terms of Payment (if different from standard)
1.	\$	\$			
2.	\$	\$			
3.	\$	\$			
4.	\$	\$			
5.	\$	\$			
6.	\$	\$			
7.	\$	\$			
8.	\$	\$			
9.	\$	\$			
10.	\$	\$			

3. Have you ever been refused coverage within the last 6 months on any of the Buyers listed on this Application?  
 Yes  No

**VI. OTHER INFORMATION**

With respect to the Applicant, please attach the latest Annual Financial Statement and Annual Report to Shareholders (if applicable).

**VII. REPRESENTATIONS OF AND NOTICES TO THE APPLICANT**

The undersigned authorized representative of the Applicant declares that the statements set forth herein are true and represent an accurate representation of the Applicant’s credit and collection procedures and reasonably diligent inquiry has been made to obtain sufficient information from all entities and persons proposed for this insurance to facilitate the accurate completion of the Application.

The undersigned authorized representative agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, he/she will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or agreement to bind insurance.

The submission of this Application by the Applicant to the Insurer or signing of this Application by or on behalf of the Applicant does not obligate the Insurer to issue the insurance requested. It is agreed that this Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become a part of, the policy.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

**NOTICE TO ALABAMA 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 RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.”

**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 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 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 OF THE THIRD DEGREE."

**NOTICE TO HAWAII APPLICANTS:** "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

**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 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, 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 (365:15-1-10, 36 §3613.1)."

**NOTICE TO OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**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 OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO TENNESSEE 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 TEXAS APPLICANTS:** "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 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 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 WASHINGTON 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 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."

**NOTICE TO ALL OTHER 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."

**FALSE INFORMATION:** Any person who knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

**VIII. DECLARATION AND SIGNATURE**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AFTER REASONABLE DILIGENCE HEREBY ACKNOWLEDGES THAT HE/SHE IS MAKING AND IS AUTHORIZED TO MAKE THE REPRESENTATIONS IN THIS APPLICATION ON BEHALF OF THE APPLICANT AND ALL ENTITIES OR PERSONS PROPOSED FOR COVERAGE UNDER THE POLICY.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type or Printed Name

\_\_\_\_\_  
Date

THIS APPLICATION AND ALL EXHIBITS SHALL BE TREATED IN STRICTEST CONFIDENCE.

Return to the Attention of TechRISKS client Protect via [e-contact@TechRisks.com](mailto:e-contact@TechRisks.com)  
Any questions please call dir tel 26-803-1371

