

PROPOSAL FOR CREDIT INSURANCE POLICY

The information contained in this form is for the use of Euler Hermes Credit Insurance and shall be treated with complete confidentiality.

1. APPLICANT INFORMATION

Applicant Company Name:

Registered Address (for all correspondence)

Postcode **Country**

Contact Name

Job Title

Company Registration No. **Email**

Telephone No. **Fax No.**

Insurance requirement Domestic only Export only Domestic & Export Combined

Do you have an existing credit insurance policy Yes No **Insurer**

Joint Applicants Yes No (if yes, please complete the separate form "Proposal Form / Optional Extensions")

Do you have invoice discounting/factoring arrangements? (if yes, please give details) Yes No

Types of goods / services to be insured

Nature of business i.e. manufacturer, distributor, agent or merchant? (state which)

2. TURNOVER

Please state currency for all figures in this proposal form (* Please choose one):

* USD / HKD / Other (Please specify:)

Financial Year		Total Sales Turnover
Coming 12 months		
1/ 2019	12 / 2019	
1 / 2018	12 / 2018	
1/ 2017	12 / 2017	

Countries	Estimated Annual Turnover <small>(excluding turnover by advance payment, by L/Cs, and Inter-company sales)</small>	Approx. No. of Buyers	Payment terms including credit period
TOTAL			

3. ACTIVE ACCOUNTS - DEBTOR ANALYSIS

If you provide us with your aged debtor we can complete sections 3-4 for you.

Total Balances Outstanding at the end of last...

March :

June :

September :

December :

Average Days Sales Outstanding: days
(past 12 months)

As at (Date) :	Amount	%
Current - not yet due		#DIV/0!
1 - 30 days overdue		#DIV/0!
31 - 60 days overdue		#DIV/0!
61-90 days overdue		#DIV/0!
> 90 days overdue		#DIV/0!
TOTAL	0	#DIV/0!

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Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

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(continued)

4. ANALYSIS OF LOSSES

Do you have any bad debt for the last 3 years?

Yes No

Financial Year	Total bad debt losses	Recoveries	Number of bad debts	Largest Single Loss
Current Year				
TOTAL	0	0	0	

5. MAJOR BUYERS TRADING ON CREDIT TERMS

Registered Name (and Registration number, if any)	Address and Country (Please also provide contact details if you allow us to disclose your name)	*Credit Limit Required	Insurable turnover for coming 12 months
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		0	0

6. DECLARATION

We, including any joint applicants, declare and warrant that the information given by us on this form and any attachments, is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in calculating the premium and accepting the risk. We undertake to advise of any change to a material fact prior to completion of this insurance policy. We understand that signing this proposal form does not bind us unless an insurance policy is subsequently accepted.

Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued to us.

The signature below is that of an individual who is authorised to sign on behalf of the company in this capacity.

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 may need to contact your customers to request information for coverage decisions. You allow us to disclose your name if needed when contacting a Buyer for which you have requested us to issue a credit limit.

Yes. We would like Euler Hermes to contact my customers to improve coverage through disclose our company name

No. We don't want the chance to improve our coverage through disclose our company name.

Authorized Signature of Applicant

Date

Name of Signatory

Position in Company

Company Stamp

(If there is no company stamp, please write "duly authorized to sign for and on behalf of [company name]")

Euler Hermes Hong Kong Services Ltd

Suites 403-11 | 4/F Cityplaza Four | 12 Taikoo Wan Road | Taikoo Shing | Hong Kong

Tel: (+852) 3665-8901 | Fax: (+852) 2869-8655

www.hk.eulerhermes.com

info.hk@eulerhermes.com

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