

Trade Risk Group Credit Insurance Application



Company Name:		
DBA or Trade style (if applicable):		
Your Name:		
Title:		
Address:		
City:	State:	Zip:
Phone / Fax:		
Email:		

1. Is your company a: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler / Distributor <input type="checkbox"/> Service Provider <input type="checkbox"/> Other		
2. What does your company do?		
3. What are your estimated sales for the coming year?	Total:	Domestic: Export:
4. What type of coverage are you interested in? <input type="checkbox"/> Domestic <input type="checkbox"/> Export <input type="checkbox"/> Both		
5. What is your primary objective for Credit Insurance? <input type="checkbox"/> Risk Mitigation <input type="checkbox"/> Sales Growth <input type="checkbox"/> Financing <input type="checkbox"/> Credit Decision Support <input type="checkbox"/> Other		
6. If you are interested in Credit Insurance for Financing reasons, please provide: Name of Bank: City / State: Contact / Phone / Email:		
7. Do you require coverage for Pre-Delivery, Work-in Progress, or Special Order Goods risks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you do any business on Consignment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Does a Third Party ever ship on your behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you ever ship to a Third Party instead of your buyer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Would you ever ship on cash or secured terms as well as open account terms to the same buyer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you invoice in any name(s) other than the company name listed on the application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Are invoices ever sent out more than 7 Days after shipment or performance of service? If so, how long?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Do you ever accept verbal purchase orders from your customer without any written confirmation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do you need to name your Bank or any other party as a Loss Payee on your policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Do you have any Corporate Affiliates you need added to your policy? Name / Location:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Will shipments ever be made to a country other than the buyer's country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Are you aware of any current facts of circumstances on any of your buyers that are likely to give rise to a claim under the policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. What are your Terms of Sale?	Normal	Longest
20. What is your average delivery period?	Longest	
21. Who in your company manages the credit and collection procedures? Name / Title:		
22. Do you have formal written credit procedures? <input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No		
23. Do you have formal collection procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what in-house resources do you use?		
24. Under what circumstances do you place accounts for collections with outside agencies?		
25. Do you currently insure or factor your receivables?	Yes <input type="checkbox"/> With	No <input type="checkbox"/>

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Please attach the following information to the application:

- A current accounts receivable aging
- Sample Copy of:
 - o Purchase Order
 - o Invoice
 - o Proof of Delivery
- Requested Buyer Financials (if available)

If any of your customers need to be contacted to request financial information for underwriting purposes, do you authorize the use of your name as the requesting supplier?

Yes No

BROKER OF RECORD & AUTHORIZATION

This application is to authorize Trade Risk Group, a dba of Acrisure, LLC., as our insurance representative and producer of record on all matters relating to and in connection with our Credit Insurance.

Signing this application does not bind the undersigned to purchase credit insurance. The information provided may be used to obtain quotation(s) for this coverage. The applicant hereby declares that the information on this application is true and an accurate representation of the applicant's business. This information will remain confidential and will be used exclusively for underwriting purposes.

Such policy, if issued, along with this Application and Policy Declaration, Terms and Conditions shall constitute the entire agreement between the applicant and the insurance carrier, notwithstanding any statement or agreement made by any representative of Trade Risk Group to the contrary.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Please return the Completed Application and supporting information to:

Trade Risk Group
305 Floral Vale Blvd.
Yardley, PA 19067
(P) 215-860-1900
(F) 866-470-2410
(E) trgadmin@traderiskgroup.com

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ACRISURE Agency Partner

Appendix A

1. Sales and Bad Debt Loss Information
2. Customer Profile
3. Your Markets
4. Past Due Accounts
5. Accounts Receivables Summary

1. Sales and Bad Debt Loss Information				
<u>Current Fiscal Year</u>				
YTD	Sales	Bad Debt Losses	Largest Loss	# of Losses
<u>Previous Three Fiscal Years</u>				
	Sales	Bad Debt Losses	Largest Loss	# of Losses
	Sales	Bad Debt Losses	Largest Loss	# of Losses
	Sales	Bad Debt Losses	Largest Loss	# of Losses

2. Customer Profile		
Number of Customers	With maximum A/R balances	Annual Sales volume to this group of customers
	Over \$1,000,000	\$
	\$500,000 to \$1,000,000	\$
	\$250,000 to \$500,000	\$
	\$100,000 to \$250,000	\$
	\$50,000 to \$100,000	\$
	\$25,000 to \$50,000	\$
	\$10,000 to \$25,000	\$
	\$10,000 and below	\$

3. Your Markets			
Please list your sales per country (excluding intercompany sales)			
Country	Sales during last 12 months	Estimated Sales next 12 months	Terms of Sale
Domestic (USA & Canada)	\$	\$	
	\$	\$	
	\$	\$	

* Please attach a separate sheet if necessary

4. Past Due Accounts			
Please give details below of any accounts that are seriously past due or that are causing you concern			
Customer Name	Amount Outstanding	Original Due Date	Action Taken
	\$		
	\$		

* Please attach a separate sheet if necessary

5. Accounts Receivables Summary		
	Domestic (US & Canada)	Export
Total # of active accounts		
Total amount of annual sales	\$	\$
Est. total outstanding receivables in peak mths.	\$	\$
Provide ending A/R for the four prior quarters		
1 st Quarter – ending	\$	\$
2 nd Quarter – ending	\$	\$
3 rd Quarter – ending	\$	\$
4 th Quarter – ending	\$	\$

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Appendix B – Customer Information

Please provide the following information for your top 20 customers. If you have this information available in another form (computer listing, spreadsheet, etc.,) you may substitute that in place of this listing.

Name of Debtor (the legal entity you are doing business with)	Address / City / State	Projected Sales – Next 12 months	Credit Limit Requested *	Terms of Sales
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

* The credit limit that you request for each customer should be the amount that you reasonably expect to have as a high A/R balance from that customer during the next 12 months

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State of New York Insurance Department Compensation Disclosure

 **ACRISURE** Agency Partner

The following disclosure is provided pursuant to the Insurance Department Regulation No. 194:

Trade Risk Group, a dba of Acrisure, LLC., is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and the insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on several factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of the insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer