



Trade Credit Insurance - Proposal Form

- Please answer all questions in full and if not applicable insert "N/A".
  - This Proposal forms part of the Policy Documents and helps us to assess your insurance requirements. Each question contributes to our decision to offer you insurance and the type of insurance we can provide to you, including the pricing. We rely on the information and documents you give us to provide you with insurance cover, including any credit limit decisions. Therefore, all questions must be answered truthfully and in full. The information you give to us will be treated in complete confidence.
  - If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- Note: ▪ *Liability under this policy does not commence until the proposal has been accepted by us and the same has been duly conveyed to you.*
- *Liability under this policy does not commence until the acceptance of premium has been realized by us.*

APPLICANT INFORMATION

Company Name

Address

City

Pin Code

Website

Tel.(Res.)

(Off.)

\*Mobile

STD Code

STD Code

Registration No.

PAN No.

Description of Business

Contact Person

Position

Mobile

Website

Current Credit Insurer

Reason for shifting

#Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

TURNOVER

Estimated insurable sales T/o for next 12 months

Are you seeking Credit Insurance for	Exports	Domestic	Both		
Percentage of Total Turnover by	% Credit	% Cash	% Secured	% Inter-Company	Total (%)
					100

ANALYSIS OF DEFAULTING BUYERS

Details of Sales and loss analysis	Year to date	Last full year	Previous year	Previous year	Previous year
Domestic sales					
Export sales					
Total					
Gross losses					
Recoveries					
Net losses					
Largest loss					
Number of losses					
Loss ratio					
Average loss ratio					

PRINCIPAL LOSSES

Largest individual losses, Name of Company	Address	Gross loss	Recoveries	Net loss	Transaction Year
Total					

ACTIVE ACCOUNTS - DEBTOR ANALYSIS

Trade balance analysis in current month	Amount owed	%	Number of clients	%
₹ 0 - ₹ 250,000				
₹ 250,001 - ₹ 500,000				
₹ 500,001 - ₹ 1,000,000				
₹ 1,000,001 - ₹ 2,000,000				
₹ 2,000,001 - ₹ 3,000,000				
₹ 3,000,001 - ₹ 4,000,000				
₹ 4,000,001 - ₹ 5,000,000				
₹ 5,000,001 - ₹ 7,500,000				
Over ₹ 7,500,000				
Credit balance and adjustment				
Total	Amount owed		0	
Aged debt analysis at:	Amount owed	%	Please provide reasons for over dues on a separate sheet	
Current -not yet due for payment				
1 to 30 days overdue				
31 to 60 days overdue				
61 to 90 days overdue				
> 90 days overdue				
Total				

Quarterly debtor balance figures	Q4	Q3	Q2	Q1
Total balance outstanding				

Normal payment terms in days		Your maximum payment terms(days)	
Average payment terms in days (DSO)		Number of clients	

COUNTRY SALES ANALYSIS

Name	Amount O/S	No of days overdue (after due date)	Reason(s) for overdue	Action taken

COUNTRY SALES ANALYSIS

The key buyer countries Please note: do not include turnover with public buyers, private individuals and associated companies	Estimated sales for next 12 months	%	Regular payment terms (days)	Currency of invoicing
Total		100%		

MAJOR CUSTOMERS

Buyer (full legal company name)	Registered company address	Country	VAT ID / register number	Annual sales (last year) 2015-16	Credit Limit Required

CREDIT MANAGEMENT CONTROLS

Who is responsible for the company's Credit Management System?

Name

Designation

On What basis is the Credit Limit Established?

What is the Name of the Bank/ Agency that you use reports from?

If there is no payment received then when do you.....

a) Stop Further Supplies ☐      b) Take Collection Action ☐      c) Take Legal Action ☐

DESCRIPTION OF CREDIT MANAGEMENT DEPARTMENT

Who is responsible for the company's Credit Management System?

Name of the Credit Manager / Controller

Date of creation              Number of staff          Authority Levels

Who within the Credit Department can

Approve a credit limit for a new Buyer ? \_\_\_\_\_

Approve an increase in an existing credit limit ? \_\_\_\_\_

Approve a change in payment terms ? \_\_\_\_\_

Decide on the course of action to take in an overdue situation ? \_\_\_\_\_

Can anyone within your company overrule a decision by the Credit Department ?      Yes ☐      No ☐

If Yes, Who? \_\_\_\_\_

How is credit worthiness of new customers assessed?

Agency Reports \_\_\_\_\_

Trade Reference \_\_\_\_\_

Bank Report \_\_\_\_\_

Audited financial statements \_\_\_\_\_

Others pls specify \_\_\_\_\_

How often are credit limits reviewed? \_\_\_\_\_

Are regular visits made to the Buyers?      Yes ☐      No ☐

If yes, who makes such visits? \_\_\_\_\_

Are terms of payment mentioned on all invoices      Yes ☐      No ☐

If no, how is it captured \_\_\_\_\_

## DEBT COLLECTION PROCEDURES

Reminders	1st reminder	2nd reminder	3rd reminder	Further reminder
Days overdue (In Days)				
Deliveries are stopped when the account receivable is				days is overdue
Collection agents / legal actions are taken after				days is overdue

## ADDITIONAL INFORMATION

Is retention of title included in your conditions of sale?	
Special features of your business if any	
Customised products?	
Do you have securities such as bank guaranties?	
Bill of exchange?	
Consignment stock?	

ANTI REBATING WARNING

Section 41 of the Insurance Act 1938

- (i) No person shall allow or offer to allow, either directly or Indirectly as an Inducement to any person to take out or renew or continue an insurance In respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept rebate except such rebate as may be allowed In accordance with the published prospectus or tables of the insurer.
- (ii) Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to ₹10 Lakhs.

## PREMIUM DETAILS

## Mode of Premium Received

Cash: \_\_\_\_\_

Cheque, Incase premium paid through Cheque, provide Instrument Number: \_\_\_\_\_

Demand Draft, Incase premium paid through DD, provide Instrument Number: \_\_\_\_\_

Net Banking: \_\_\_\_\_ Amount: \_\_\_\_\_ Rupees (₹): \_\_\_\_\_

### DETAILS OF BANK ACCOUNT

Name of Account Holder _____									
Bank Account No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Bank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account	Saving <input type="checkbox"/>	Current <input type="checkbox"/>	IFSC Code	_____			MICR Code	_____	

I wish:

Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

**\*\*As per the IRDAI, it's mandatory that all payments made to the insured only through electronic mode.**

### SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify) \_\_\_\_\_

## YOUR DECLARATION

- We declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.
- I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- We agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- We agree that the HDFC ERGO shall have the right to retain and disseminate the information provided by me/us to any of its service provider, Promoters or Group Companies.

**Place**

  

**Date**

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Name of authorized signatory in block letters

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Authorized stamp and signature