

## Proposal Form – Basic Finance

### Applicant

Company name: \_\_\_\_\_ Reg no./D-U-N-S<sup>®</sup> no. \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_ Country: \_\_\_\_\_

Business sector: \_\_\_\_\_ SIC code (if available): \_\_\_\_\_

Customer's sector: \_\_\_\_\_ SIC code (if available): \_\_\_\_\_

Standard terms of payment: \_\_\_\_\_

Any longer terms: \_\_\_\_\_ on how many buyers? \_\_\_\_\_

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

Position: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Currently credit insured:  no  yes, with \_\_\_\_\_ Renewal date: \_\_\_\_\_

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

### Turnover and Bad Debts

Currency:  EUR  USD  GBP  \_\_\_\_\_

Estimated insurable turnover<sup>1</sup> for the next twelve months: \_\_\_\_\_

Domestic: \_\_\_\_\_

Export: \_\_\_\_\_

Period (year end):	Current Year to Date	Last Financial Year	Previous Financial Year	Previous Financial Year
Insurable turnover <sup>1</sup> :	_____	_____	_____	_____
Total value of bad debts:	_____	_____	_____	_____
Number of losses:	_____	_____	_____	_____
Amount of largest loss:	_____	_____	_____	_____
Debtor of largest loss:	_____	_____	_____	_____

<sup>1</sup> insurable turnover excludes cash sales, sales to subsidiary & associate companies and sales to domestic government buyers.

### Debtor Balance (excl. VAT)

last 31<sup>st</sup> March                      last 30<sup>th</sup> June                      last 30<sup>th</sup> September                      last 31<sup>st</sup> December

Amount as at: \_\_\_\_\_

### Ledger Analysis (excl. VAT)

Range	Number	Amount	Range	Number	Amount
< 5,000	_____	_____	50,001 - 100,000	_____	_____
5,000 - 10,000	_____	_____	100,001 - 500,000	_____	_____
10,001 - 20,000	_____	_____	> 500,000	_____	_____
20,001 - 50,000	_____	_____	Total	_____	_____

## Debtor Aged Analysis (excl. VAT)

Period	Amount	Period	Amount
Current - not yet due	_____	61 - 90 days overdue	_____
1 - 30 days overdue	_____	> 90 days overdue	_____
31 - 60 days overdue	_____	Total	_____

## Overdue Accounts (excl. VAT)

Do you have any seriously overdue customers?  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 sell any goods from consignment stock?  no  yes

If yes, please state

– approximate stock value \_\_\_\_\_

– number of accounts \_\_\_\_\_

Do you include retention of title?  no  yes

If yes, please specify: \_\_\_\_\_

Is political risk cover required?  no  yes

Is work in progress cover required?  no  yes

If you are seeking insurance cover for more than one applicant, is credit control centralised and common?  no  yes

## Credit Management Information

Does your company have a credit manual?  no  yes  
If yes, please enclose a copy!  
If no, please answer the following questions!

Who in your company is responsible for credit control?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Who has the authority to approve, reduce and cancel Credit Limits?

Name(s): \_\_\_\_\_

Level of credit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are companies visited for credit assessment purposed?  no  yes

Which information is used to assess credit limits?  Status reports  Bank reports  Trade reference

Balance sheets  Visit reports

\_\_\_\_\_

Which status agency do you use? \_\_\_\_\_

How often is information updated? \_\_\_\_\_

Please specify your collection procedures

When do you put accounts on stop? \_\_\_\_\_ days overdue

When do you start collection? \_\_\_\_\_ days overdue

When do you impose legal measures? \_\_\_\_\_ days overdue

### Main Customers (excl. VAT)

Name	Country	Reg No./D-U-N-S® no.	Credit limit required	Annual turnover
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Main Countries

Country	Number of customers	Terms & method of payment	Turnover
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information provided is given in strictest confidence.  
We declare and warrant that the statements made in this form and any attachment are to the best of our knowledge and belief, true and material facts<sup>1</sup> 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.

Information on data privacy: The latest „Information about the use of your data“ is available on our Website at the following link [www.zurich.de/datenschutz](http://www.zurich.de/datenschutz). You will find more information on Data Protection there. Furthermore, you can also contact [datenschutz@zurich.com](mailto:datenschutz@zurich.com) with any questions on Data Protection at Zurich Group Germany.

\_\_\_\_\_  
Date Authorised Signatory Title

**Zurich Insurance plc  
Niederlassung für Deutschland  
Direktion Rhein-Main**  
Postfach 90 04 16  
60444 Frankfurt am Main  
Telefon 069 7115-0  
Fax 069 7115-3442  
[www.zurich.de](http://www.zurich.de)

**Bankverbindung**  
Deutsche Bank AG, Frankfurt/Main  
IBAN: DE11 5007 0010 0093 7789 02  
BIC: DEUTDEFFXXX  
**UStId-Nr.** DE815195011  
Versicherungsbeiträge sind  
umsatzsteuerfrei  
**Vers.St-Nr.** 807/V90807020227

**Rechtsform der Gesellschaft**  
public company limited by shares  
(Aktiengesellschaft nach irischem Recht)  
**Hauptsitz** Dublin (Irland)  
**Vertretung der Gesellschaft**  
Patrick Manley (Chief Executive Officer)  
**Verwaltungsratsvorsitzende**  
Amanda Blanc  
**Companies Registry Office** (entspricht  
dem dt. Registergericht) Registernr. 13460

**Hauptbevollmächtigter der NfD**  
Dr. Carsten Schildknecht  
**Sitz der Niederlassung**  
Frankfurt/Main  
Registernr. HRB 88353  
Platz der Einheit 2  
60327 Frankfurt am Main