



### Proposal Form – Specific Account

#### Applicant

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

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

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

Business sector: \_\_\_\_\_ SIC code: \_\_\_\_\_

Contact name: \_\_\_\_\_ Fax no.: \_\_\_\_\_

credit limit notifications to be sent to

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

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

Are you currently credit insured?  no  yes, with Renewal date: \_\_\_\_\_

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

#### Specific Account

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

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

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

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

Terms of payment: \_\_\_\_\_ Period of cover required: \_\_\_\_\_

Required credit limit: \_\_\_\_\_ Estimated turnover with this buyer \_\_\_\_\_  
(next 12 months)

Is this a new buyer?  no  yes

Please describe your trading experience with this buyer:

Good Buyer always pays within the agreed credit period

Average Buyer always pays within the agreed credit period or up to 30 days beyond due date

Unsatisfactory Buyer sometimes pays later than 30 days after due date

Date account first opened: \_\_\_\_\_

Annual turnover with this buyer (last 12 months): \_\_\_\_\_

Annual average turnover with this buyer (last 36 months): \_\_\_\_\_

Has this buyer ever asked you to accept a payment plan?  no  yes

yes Is there any reason other than prudence for you to request insurance in respect of this buyer?  no  yes

if yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Within the last 6 months have you received a reduction or cancellation of a credit limit on this buyer or an associated company of this buyer from your current insurer?

no  yes, the reason was \_\_\_\_\_  
\_\_\_\_\_

Expected frequency of transaction:

Series of contracts  
 Single transaction

Reason for covering this buyer:

New buyer  
 Refusal by current insurer  
 Volume of transaction  
 \_\_\_\_\_

Are you aware of any material facts<sup>1</sup> concerning this buyer or any associated company of this buyer that you have not disclosed to us?

no  yes  
if yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

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### Overdue Accounts (excl. VAT)

Is the specific account seriously overdue?

no  yes  
if yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

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### 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 include retention of title?

no  yes  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Is political risk cover required?

no  yes

If you are seeking insurance cover for more than one applicant, is credit control centralised and common?

no  yes

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The information provided is given in strictest confidence.

We declare and warrant that the statements made in this form and any attachments 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.

<sup>1</sup> 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.

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Date

Signature

Position

**Zurich Insurance plc**  
**Niederlassung für Deutschland**  
**Direktion Rhein-Main**  
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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  
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