

Euler Hermes American Credit Indemnity Company
 (A Stock Company Established in 1893)
 800 Red Brook Boulevard
 Owings Mills, MD 21117
 877-883-3224 FAX (410) 753-0953
 Internet: www.eulerhermes.us

**APPLICATION FOR
 BUSINESS CREDIT INSURANCE POLICY**

ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

(Denote with an "X" where appropriate.)

(1) APPLICANT INFORMATION		
Company Legal Name		
Company President Name		
Company Address		
City	State	Zip Code
Policy Contact Name		Policy Contact Title
Phone	Fax	E-mail
Other entities/trade styles to be covered and relationship to the Applicant		
Detailed Description of Products and/or Services to be Covered		
Is your most recent financial statement attached? Yes <input type="checkbox"/> or No <input type="checkbox"/>		

(2) BUSINESS PROFILE		
Your Business: Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retail <input type="checkbox"/> Service Provider <input type="checkbox"/> or Other <input type="checkbox"/>		
Your Sales to Customers (provide % of sales for applicable choices) Distributor % Manufacturer % Wholesaler % Retail % Service Provider % Other %		
Does your company sell to countries outside of the United States? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
What are your gross profit margins? United States % Export Countries %		
Do you currently insure, sell, or factor your receivables? Yes <input type="checkbox"/> or No <input type="checkbox"/> If Yes, Provide the name of the Service Provider:		
Approximate time from order acceptance to shipment (What is your order fulfillment cycle?)		
Are your products custom-made? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Have you had a credit insurance policy declined or cancelled in the last two years. If so, when and with whom?		
Will Covered Products be Shipped By (Drop Shipped) and/or To a Third Party? Yes <input type="checkbox"/> or No <input type="checkbox"/> If Yes, provide Third Party Country Information and Shipping Procedures		

(3) ACCOUNTS RECEIVABLE SUMMARY		
	United States	Export Countries*
Total Number of Active Accounts		
Total Amount of Sales	\$	\$
Days Sales Outstanding (DSO)	Days	Days
Percentage of Sales Using Letters of Credit	%	%
Provide dates for the four prior quarters & ending A/R balance:		
First Quarter - (/ /)	\$	\$
Second Quarter - (/ /)	\$	\$
Third Quarter - (/ /)	\$	\$
Fourth Quarter - (/ /)	\$	\$

*** If your company does not Export, you do not need to fill out the Export sections. Export Countries would include Canada.**

(4) SALES AND LOSS HISTORY					
UNITED STATES					
Forecasted Net Sales (next 12 months) \$					
	Current YTD	Three most recent Full Year's Results (In thousands)			Worst Loss Year Over Last Five
Dates	(/ /)	(/ /)	(/ /)	(/ /)	(/ /)
Net sales	\$	\$	\$	\$	\$
Bad debts	\$	\$	\$	\$	\$
Number of bad debt write-offs	#	#	#	#	#
Largest single loss:	\$	\$	\$	\$	\$
Name of company					
City and State					
Second largest single loss:	\$	\$	\$	\$	\$
Name of company					
City and State					

EXPORT COUNTRIES*					
Number of years Exporting:					
Forecasted Net Sales (next 12 months) \$					
	Current YTD	Three most recent Full Year's Results (In thousands)			Worst Loss Year Over Last Five
Dates	(/ /)	(/ /)	(/ /)	(/ /)	(/ /)
Net sales	\$	\$	\$	\$	\$
Bad debts	\$	\$	\$	\$	\$
Number of bad debt write-offs	#	#	#	#	#
Largest single loss:	\$	\$	\$	\$	\$
Name of company					
City and Province/Country					
Second largest single loss:	\$	\$	\$	\$	\$
Name of company					
City and Province/Country					

*** If your company does not Export, you do not need to fill out the Export sections. Export Countries would include Canada.**

(5) COUNTRY SALES VOLUME & TERMS OF SALE					
List Top 10 Countries by Sales Volume	Terms of Sale (Days)				Sales
	Normal Terms	%	Longest Terms	%	
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$

(6) DISTRIBUTION OF ACCOUNTS RECEIVABLE

Please provide us with a Current Accounts Receivable Aging. A/R Aging Date: (/ /)

If you provide us with an electronic version (Excel File), SKIP THIS SECTION.

UNITED STATES				EXPORT COUNTRIES		
# of Accounts	Dollars Outstanding	% of Total	Range	# of Accounts	Dollars Outstanding	% of Total
#	\$	%	\$0 to \$2,500	#	\$	%
#	\$	%	\$2,501 to \$5,000	#	\$	%
#	\$	%	\$5,001 to \$10,000	#	\$	%
#	\$	%	\$10,001 to \$25,000	#	\$	%
#	\$	%	\$25,001 to \$50,000	#	\$	%
#	\$	%	\$50,001 to \$100,000	#	\$	%
#	\$	%	\$100,001 to \$250,000	#	\$	%
#	\$	%	\$250,001 to \$500,000	#	\$	%
#	\$	%	\$500,001 to \$1,000,000	#	\$	%
#	\$	%	Over \$1,000,000	#	\$	%
#	\$	%	Totals	#	\$	%

(7) PAST DUE TABLE

List all customers on which coverage is being requested with undisputed amounts more than 60 days past due under original terms of sale, or that you have reason to believe will become 60 days past due. If there are none, please indicate by writing "none." If larger than five names, please provide information on a separate document.

Customer Name/Country	Shipment dates	Account balance (In thousands)	Amount 60 days +	Orig. terms of sale (net)	Reason for past due
1.		\$	\$		
2.		\$	\$		
3.		\$	\$		
4.		\$	\$		
5.		\$	\$		

(8) CREDIT MANAGEMENT PROCESS - (KEY ACCOUNT SUBMISSIONS – SKIP THIS SECTION)		
For DCL requests in excess of \$50,000, please skip this Section and complete the Euler Hermes ACI Credit Management Questionnaire or furnish us with your written credit practices and procedures manual.		
Do you have formal written credit procedures? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Who in your company is in charge of the credit management process and who assists in that effort?		
Name	Title	Full-time <input type="checkbox"/> or Part-time <input type="checkbox"/>
Name	Title	Full-time <input type="checkbox"/> or Part-time <input type="checkbox"/>
Do you establish credit limits? Yes <input type="checkbox"/> or No <input type="checkbox"/> If Yes, on what basis is a specific limit established? Denote with an "X" all applicable choices: Mercantile Agency Report: <input type="checkbox"/> Vendor Name: <input type="checkbox"/> Bank Reference: <input type="checkbox"/> Financial Statements: <input type="checkbox"/> Trading Experience: <input type="checkbox"/> Other sources: <input type="checkbox"/> Explain:		
At what credit limit are financial statements normally required? \$		
Are regular personal visits made to see client? Yes <input type="checkbox"/> or No <input type="checkbox"/> By Whom?		
How often is credit and/or financial information updated?		
How often is a credit limit reviewed and on what basis?		
What information do you use when reviewing the credit limit?		
Do you use security instruments in establishing credit limits? Yes <input type="checkbox"/> or No <input type="checkbox"/> Explain:		
Do you refer to the status of the account before authorizing? Yes <input type="checkbox"/> or No <input type="checkbox"/> Acceptance of order? Yes <input type="checkbox"/> or No <input type="checkbox"/> Dispatch/Delivery? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Are orders received in writing? Yes <input type="checkbox"/> or No <input type="checkbox"/> What types of documentation show the debtor's obligation to pay (invoices, bills of Lading, Drafts)?		
Under what circumstances have you stopped shipping an account (e.g., past due condition)? Please provide details.		
Are you under contractual obligation to ship once you have accepted a purchase order? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Do you sell on consignment? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Do you have formal collections procedures? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, what in-house resources do you use?		
Under what circumstances do you place accounts for collections with outside agencies?		
How do you manage your international collections?		

(9) BUYER INFORMATION - Please use this table to provide information on your most important customers.						
Customer Name	Street Address	City	State or Province	Phone Number	Country	Amount of Coverage Requested
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$
9.						\$
10.						\$
11.						\$
12.						\$
13.						\$
14.						\$
15.						\$

(10) 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 ACI may need to contact your customers to request the information needed for these coverage decisions. Do we have your permission to use your company name when contacting your customers? Yes <input type="checkbox"/> or No <input type="checkbox"/>

We will rely on the representations provided by you in, and in connection with, this application when making decisions regarding any policy we may issue. This Application, the Policy, the Schedule and all Endorsements shall constitute the entire insurance agreement between you and Euler Hermes American Credit Indemnity Company. No loss which occurs prior to the payment of the premium will be covered even if the policy has been delivered. No sales representative is authorized to delete, modify, or waive any policy provisions, either verbally or in writing.

For your protection, State Law (in many states) requires the following to appear on this form:
 "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and punishable by law." (New York statutes further state that fraudulent acts "shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation." Washington statutes further state: "Penalties include imprisonment, fines, and denial of insurance benefits.")

Print Name:		Title:	
Signature:		Date:	

FOR INTERNAL USE ONLY	Policy Format:
Portfolio description and explanation:	