

## COFACE NORTH AMERICA INSURANCE COMPANY

### Credit Insurance – New Business Application

With **COFACE NORTH AMERICA INSURANCE COMPANY**, hereinafter called the Company

We hereby make application to the Company for a Policy of Credit Insurance in the amount of \$ \_\_\_\_\_ said policy, if issued, to be on the \_\_\_\_\_ form, the terms and conditions whereof are agreed to by us.

We herewith tender our check for \$ \_\_\_\_\_ to the order of said Company as a premium payment, and we agree:

- (A) That the policy term shall be for the period of one year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20 \_\_\_\_;
- (B) That the primary loss shall be calculated on sales made during said year, but not less than \$ \_\_\_\_\_, at the rate of \_\_\_\_\_ percent; the minimum primary loss to be not less than \$ \_\_\_\_\_;
- (C) That no loss shall be covered by said policy that arises from an account sold on terms longer than \_\_\_\_\_ days, including dating;
- (D) That the rating of \_\_\_\_\_ mercantile agency shall govern coverage on shipments on said policy.

We are now, and have been, subscribers to said mercantile agency for past \_\_\_\_\_ years, subscription No. \_\_\_\_\_

Our answers to the following questions are true.

1. What is your line of business? \_\_\_\_\_
2. How long in it? \_\_\_\_\_ years
3. Have you kept books on account throughout that period?  Yes  No
4. Are you  Jobbers or  Manufacturers?
5. What line of merchandise constitutes the largest volume of business? \_\_\_\_\_
6. To what line of trade is the greater part of your sales made? \_\_\_\_\_
7. To what territory do you make your principal shipments? \_\_\_\_\_
8. What are your regular terms of sale? \_\_\_\_\_ percent \_\_\_\_\_ days, net \_\_\_\_\_ days
9. What are your longest terms of sale, including dating? \_\_\_\_\_
10. About what percentage of sales to Manufacturers? \_\_\_\_\_ Jobbers? \_\_\_\_\_ Retailers? \_\_\_\_\_
11. Have you any information detrimental to the credit or responsibility of any individual, firm, co-partnership or corporation to which you have made or contemplate making any sale or shipment, to said policy, if issued, will apply?  
 Yes  No If answer is Yes, state particulars \_\_\_\_\_
12. ~~Have you within the past year made, or do you contemplate making, any change in your terms of sale, in the articles or commodities dealt in, in the territory mentioned above, in the proportion of sales to manufacturers, jobbers, or retailers, or in the manner of conducting your business.~~  Yes  No  
If answer is Yes, state particulars \_\_\_\_\_
13. Have you any agreement to ship, or have you shipped, any merchandise at a price higher than its present current market price, to which shipment said policy, if issued, will apply?  Yes  No If yes, state particulars \_\_\_\_\_
14. How many accounts did you place with attorneys or collection agencies for collection during the past year? \_\_\_\_\_  
\_\_\_\_\_
15. What was the average amount of such accounts? \_\_\_\_\_

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16. Have you ever carried credit insurance?  Yes  No If so, state with what company, and when the latest policy expired or expires? \_\_\_\_\_  
 \_\_\_\_\_
17. How many active customer accounts are dealt with? \_\_\_\_\_  
 What is the amount of your present outstandings? \$ \_\_\_\_\_  
 How much of same now past due under original terms of sale? \$ \_\_\_\_\_

~~As a basis for the policy hereby applied for, and for any Policy of Credit Insurance which may hereafter be issued to us, We warrant the following statement of our sales, losses and amounts owing by debtors under or seeking general extension to be correct, and represent the combined experience of our company and that of all entities to be insured by the policy.~~

| Term –<br>During the year ending                                                            | Gross sales in the United States,<br>Territories thereof and Canada less<br>allowances & returns | All losses due to insolvency of debtors<br>(after deducting only cash & merchandise<br>recovered from such debtors) |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| _____ 20 _____                                                                              | \$ _____                                                                                         | \$ _____                                                                                                            |
| _____ 20 _____                                                                              | \$ _____                                                                                         | \$ _____                                                                                                            |
| _____ 20 _____                                                                              | \$ _____                                                                                         | \$ _____                                                                                                            |
| During the fractional year to date                                                          | \$ _____                                                                                         | \$ _____                                                                                                            |
| Amount owing at date of application, by debtors under or seeking general extension \$ _____ |                                                                                                  |                                                                                                                     |

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT

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WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURY, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

This application and said policy, if issued, shall, with the terms and conditions therein, constitute the entire agreement between the undersigned and the Company any verbal or written statement, promise or agreement, by any agent of the said Company, or notice to or knowledge of such agent or any other person, to the contrary notwithstanding. It is also agreed that this application, whether as respects anything contained therein or omitted therefrom has been made, prepared and written by the applicant or by his own proper agent.

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If corporation, so state; if firm or co-partnership, give names of the members; if “style name” used, so state.

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**Dated at:** \_\_\_\_\_

**this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**By** \_\_\_\_\_

**Address** \_\_\_\_\_

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