

TRADE RISK PROTECTION APPLICATION

1. Applicant Information:

Company Legal Name:			
Address:			
City:	Province:	Postal Code:	
Contact Name:	Title:		
Phone:	Email:	Fax:	
Financial Institution:	Branch:	Contact:	

2. Description of Business:

Nature of Business:	Manufacturer	Wholesaler	Other (specify):
Products (services) produced:			
Number of years in business:	Accounts Receivable balance at the end of the last Quarter: \$		
Number of employees:	Largest Accounts Receivable balance in the last 12 months: \$		
Advance rate:	Domestic	% Export	%
Do you currently have a credit insurance policy?			Portion of value of goods Canadian content: %
Policy expiration:	Underwriter:	Products customized (made to order)?	
		If Yes, average production period of product (days)?	

3. Past 3 Years Sales and Bad Debt History:

	FYE			
Canada	2011	2012	2013	Year to Date: __ mths
Total Amount of Sales	\$	\$	\$	\$
Value of Bad Debts	\$	\$	\$	\$
Number of Bad Debts*				
Largest Bad Debt	\$	\$	\$	\$

United States	2011	2012	2013	Year to Date: __ mths
Total Amount of Sales	\$	\$	\$	\$
Value of Bad Debts	\$	\$	\$	\$
Number of Bad Debts*				
Largest Bad Debt	\$	\$	\$	\$

Other Export	2011	2012	2013	Year to Date: __ mths
Total Amount of Sales	\$	\$	\$	\$
Value of Bad Debts	\$	\$	\$	\$
Number of Bad Debts*				
Largest Bad Debt	\$	\$	\$	\$

* List separately the largest 5 to 10 bad debts: company, city, state/province, country, amount and year incurred.

4. Distribution of Accounts:

	Canada	United States	Other Export
Accounts Receivable Balance	Number of Customers	Number of Customers	Number of Customers
Below \$25,000			
\$25,000 to \$50,000			
\$50,000 to \$100,000			
\$100,000 to \$250,000			
\$250,000 to \$500,000			
\$500,000 to \$1,000,000			
\$1,000,000 to \$1,500,000			
\$1,500,000 to \$2,000,000			
Over \$2,000,000			

5. Anticipated Sales for your Company in the Next 12 Months:

Country	Expected Sales Volume	Maximum Terms of Payment (eg. Net 60)
Canada	\$	
United States	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Other (list to right)	\$	
Total Anticipated Sales	\$	

List of Other Countries	Maximum Terms of Payment (eg. Net 60)

6. Largest Customers:

Full Legal Name	City	Prov/State	Country	Phone Number	Credit Limit Required

These largest customers account for _____ % of sales.

7. Additional Information Requirements:

Please provide a copy of your company's latest year end financial statement.

Please provide a copy of your current accounts receivable aged trial balance (electronic version preferred).

8. Applicant Declaration:

The undersigned declares that to the best of his/her knowledge the warranties and representations set forth herein are true and acknowledges that these warranties and representations will be the basis of and form part of a credit insurance policy, should one be issued. The applicant further declares that it has not engaged in and will not knowingly be party to any action related to its contract(s) that is prohibited by Canada's Corruption of Foreign Public Officials Act.

It is agreed that Indemnity has been engaged as the trade credit protection broker of record with respect to your trade credit and political risk requirements. Indemnity agrees that it will not disclose, grant access to or in any way divulge such information to any person or organization other than necessary information to be provided to underwriters for the purpose of the underwriters' analysis.

Applicant Signature: _____
 Applicant Name: _____
 Submitted by _____

Date of Application: _____
 Title: _____