C ANADIAN
F INANCIAL
I NSURANCE
B ROKERS LTD

CREDIT INSURANCE APPLICATION

General Information

Company Legal Name:

Address:

Policy Contact Person and Title:

Phone:
Fax:
E-mail Address:
Website:

Type of Coverage Desired: ____ Domestic   ____ Export   ____ Both
Year Established:
Number of Employees:

Business Information

Type of Business: ____ Manufacturer   ____ Wholesaler   ____ Service
                          ____ Other (please describe)

          If you do not manufacture the goods you sell, what is the source:

Product Lines to be Covered:

Canadian Content:

Are products custom made?   ____ Yes   ___ No

In this Application, all amounts are in: ____ $US   ____ $CDN

What is your interest in Credit Insurance?
          ____ Risk Management   ____ Sales Expansion
          ____ Borrowing Enhancement   ____ Credit Decision Support

Have you applied for Credit Insurance in the past two years?   ____ Yes   ____ No

          Did you purchase?
          If not, why?

Buyer Profile

Maximum Amount Outstanding	Number in Range	Total Amount in Range ($)
Over $500,000		
$250,001-$500,000		
$100,001-$250,00		
$50,001-$100,000		
$25,000-$50,000		
Less than $25,000		

Accounts Receivable Summary

	TOTAL	Export
Estimated Total Outstanding Receivables in Peak Months	$	$
Ending A/R and Dates for Four Prior Quarters		
1Q (Date:)		$
2Q (Date:)		$
3Q (Date:)		$
4Q (Date:)		$
DSO @ Last FYE		

Sales and Loss Experience

	Current Year-to-date	Prior Three Years			Worst Loss Year (Last Five Years)
	Date:	Date:	Date:	Date:	Date:
Sales					
Domestic	$	$	$	$	$
Export	$	$	$	$	$
Net Losses*					
Domestic	$	$	$	$	$
Export	$	$	$	$	$
Number of Losses					
Domestic	#	#	#	#	#
Export	#	#	#	#	#
Largest Single Loss	$	$	$	$	$

* Please attach details

Past Due Accounts

Please provide details of any accounts that are seriously past due, or are expected to be problematic:

Name and Address	Amount Outstanding	Original Due Date(s)	Action Taken

Markets

Country	Terms of Sale	Sales Volume	Largest Receivables Balance

Credit Process and Procedures

Who is responsible for granting credit within the company:

    Name: Title:
    To whom do they report:

How many full time employees are involved in credit and collection:

Do you have formal written procedures:
    ____ Yes   *If yes, please attach to the application.*
    ____ No

Do you maintain a reserve for bad debts:
    ____ Yes   *If yes, please detail:*

    ____ No

How do you evaluate the credit worthiness of new accounts (include sources of information):

What general guidelines are used to establish creditworthiness:

How often are limits reviewed:

When will you stop providing open credit to an account:

Any policy of Insurance shall be issued based on the representations and warranties made in this Application. Such Application shall form part of the policy when issued. The undersigned officer declares that to the best of his/her knowledge, the representations contained herein are true and accurately describe the applicant's business.

Please include a copy of your latest annual financial statements with the Application. This statement will remain confidential and will be used strictly for underwriting purposes. It will not be disclosed to any third party, other than to the underwriters.

_____	_____
SIGNATURE	TITLE
_____	_____
Printed Name	Date

PLEASE RETURN TO: Canadian Financial Insurance Brokers

Phone: (905) 469-8096
Fax: (905) 469-1800
E-mail: aston@cfib.net

SCHEDULE 1 – Key Customers				
Customer's Name and Address	Credit Limit Required (000's)	Annual Sales (000's)	Terms of Payment	Experience