

*This Proposal helps us to assess your insurance requirements. Each question contributes to our decision to offer you insurance and the type of insurance we can provide to you, including the pricing. We rely on the information and documents you give us to provide you with insurance cover, including any credit limit decisions. Therefore, all questions must be answered truthfully and in full. The information you give to us will, of course, be treated in complete confidence.*

## 1. COMPANY DETAILS

Registered company name

Company registration number and any taxation number, e.g. ABN

Registered address

Postcode

Address for correspondence, e.g. postal address

Postcode

Phone number

Fax number

Email address

Contact person, *this person will receive all correspondence*

Position

Company's main activities

Goods and/or services to be insured

## 2. ASSOCIATED COMPANY DETAILS

*Complete this section if you wish to insure the turnover of an associated company.*

*If more than one company is to be insured, the company whose details are set out in Section 1, must sign and complete this form on behalf of the other associated company(ies). Each associated company must first appoint this company in writing as its agent. If you do not appoint this company as your agent, each associated company must complete the Group Credit Insurance Proposal form.*

Registered name of associated company

Company registration number and any taxation number, e.g. ABN

Registered address

Postcode

*The turnover of associated company(ies) is normally covered under this policy – please use consolidated figures when completing this form. If there is more than one associated company, please provide the details requested above on a separate sheet of paper.*

## 3. TURNOVER/CUSTOMER DETAILS

Currency of application

Company's total domestic and export turnover for current year – exclude private persons and intercompany sales

\$



What is your average outstanding trade receivables?

\$

Specify the amount of your annual turnover and bad debt losses in the current year and in the last three years.

Financial Year	Annual Turnover	Number of Losses	Total Loss Amount	Largest Single Loss	Name of Debtor	Country of Debtor
	\$		\$	\$		
	\$		\$	\$		
	\$		\$	\$		
	\$		\$	\$		

Please complete the following details if the company has any bad debts or outstanding amounts older than 60 days after the due date or is aware of unfavourable information concerning the Buyers financial position, reputation or debt payment performance.

Customer Name	City	Country	Amount Outstanding	Due Date of Oldest Invoice
			\$	/ /
			\$	/ /
			\$	/ /
			\$	/ /
			\$	/ /

*NOTE: Our liability in the event of a claim may be affected should you fail to accurately notify us of any delayed payments or other adverse information as requested above.*

Complete your debtor profile as per breakdown below or provide a copy of your current Aged Receivables Listing in summary format.

Maximum Amount Outstanding	Number in Range	Total Amount in Range	Maximum Amount Outstanding	Number in Range	Total Amount in Range
Over 500,000			10,001 to 25,000		
250,001 to 500,000			5,001 to 10,000		
100,001 to 250,000			2,501 to 5,000		
50,001 to 100,000			1,001 to 2,500		
25,001 to 50,000			Up to 1,000		

Quarterly total of debtors balances:

As at 31 March last

\$

As at 30 June last

\$

As at 30 September last

\$

As at 31 December last

\$

**4. COVER REQUIRED**

What type of insurance do you require?

Credit risk  Good sold from stock (cover for sales made from stock held)  Political risk for exports  Third country cover

▶ If you have selected any of the above options, go to **Section 5**

Pre-credit risk (cover for costs incurred during the manufacturing process until date of despatch)  ▶ Complete the following details

What is the period between entering into a contract and the time of delivery?

Average (days)	<input type="text"/>	Maximum (days)	<input type="text"/>
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Date of the oldest, not yet fully completed contract

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## 5. YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms. You have this duty until the insurance contract is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Is there any additional information you should disclose to us to help us assess the risk?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Give any additional information you wish to disclose in the space provided below.

## 6. YOUR PRIVACY

Atradius' Privacy Policy is based upon and is compliant with relevant privacy legislation in Australia and New Zealand. A copy of our Privacy Statement and the contact details of our Privacy Officer are available on our website [www.atradius.com.au](http://www.atradius.com.au) (Australia) or [www.atradius.co.nz](http://www.atradius.co.nz) (New Zealand).

## 7. DECLARATION AND WARRANTY

On behalf of the company(ies) whose details are set out in Sections 1 and 2 in this proposal, I declare and warrant that:

1. I have read and understood this proposal;
2. I have provided all the information and documents asked for;
3. I have answered all the questions truthfully and in full;
4. I have authority to complete and sign this proposal;
5. I have authority to apply for credit limits and receive credit limits approvals, statements and notices from Atradius including the above Duty of Disclosure notice; and
6. I have authority to make this declaration.

Name

Position

Signature

Date

Please post the completed form and any associated documents to your nearest Atradius office

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