

# APPLICATION FOR A BUSINESS CREDIT INSURANCE POLICY

Fidelity & Marine  
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ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE

## INSURANCE COVERAGE REQUESTED (Delete Non-Applicable Choice)

Domestic (U.S. And Canada Only) Multi-Markets (Domestic and Export)

### 1 APPLICATION INFORMATION

Company Legal Name

Company President Name

Company Address

City State/Province Zip/Postal Code

Policy Contact Name /Policy Contact Title

Phone /Fax /E-mail

Other entities/tradestyles to be covered

### 2 BUSINESS DESCRIPTION

Your business (delete non-applicable choices) / **Manufacturer / Wholesaler / Retail / Other**

Products and/or services to be covered

Does your company sell to countries other than the U.S. And Canada? **Yes or No**

Is your most recent financial statement attached? **Yes or No**

### 3 ACCOUNTS RECEIVABLE SUMMARY

	Domestic	Export*
Total number of the active accounts		
Total Amount of sales	\$	\$
Estimated total outstanding receivables in peak months	\$	\$
Provide ending A/R and dates for the four prior quarters		
1Q (date / / )	\$	\$
2Q (date / / )	\$	\$
3Q (date / / )	\$	\$
4Q (date / / )	\$	\$

## 4 TERMS OF SALE

Normal open account terms of sale	Days	Days
Days sales outstanding (DSO)	Days	Days
Percentage of sales under normal terms	%	%
Longest terms of sale (include dating)	Days	Days
Percentage of sales under longest terms	%	%
Percentage of sales using letter of credit	%	%
Types of documentary collections		
Terms of documentary collections	Days	Days
Percentage of sales using documentary collections	%	%

## 5 SALES AND LOSS HISTORY

DOMESTIC					
Gross profit margin <b>00.00%</b>	Forecasted net domestic sales (next 12 months) \$				
	Current YTD	Three most recent full year's results (In thousands)			Worst loss year over last five
		(Date / / )	(Date / / )	(Date / / )	(Date / / )
Net sales	\$	\$	\$	\$	\$
Bad debts	\$	\$	\$	\$	\$
Number of bad debt write-offs	#	#	#	#	#
Largest single loss:	\$	\$	\$	\$	\$
Name of Company					
City/State or Province					
Second largest single loss	\$	\$	\$	\$	\$
Name of company					
City/State or Province					
EXPORT*					
Number of years exporting:					
Gross profit margin <b>00.00%</b>	Forecasted net domestic sales (next 12 months) \$				
	Current YTD	Three most recent full year's results (In thousands)			Worst loss year over last five
		(Date / / )	(Date / / )	(Date / / )	(Date / / )
Net sales	\$	\$	\$	\$	\$
Bad debts	\$	\$	\$	\$	\$
Number of bad debt write-offs	#	#	#	#	#
Largest single loss:	\$	\$	\$	\$	\$
Name of Company					
City/State or Province/Country					
Second largest single loss	\$	\$	\$	\$	\$
Name of company					
City/State or Province/Country					

\* If you company does not export outside the U.S. And canada, you do not need to fill out the export sections.



## 7 CREDIT MANAGEMENT PROCESS (Continued)

Do you have formal collections procedures? **Yes or No**

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?

## 8 PAST DUE TABLE

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

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.		\$	\$		
6.		\$	\$		
7.		\$	\$		
8.		\$	\$		

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, and the declarations shall constitute the entire insurance agreement between you and Fidelity&Marine. 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.")

**Our efforts to provide maximum coverage on your customers is dependent on our ability to obtain financial information. Fidelity&Marine may need to contact your customer to request the information needed for these coverage decisions. Do we have your permission to use your company name when contacting your customer?**  
Yes or No

<b>Name/Title</b>	<b>/Signature</b>	<b>/Date</b>
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<b>Submitted by</b>	<b>/Name of organization</b>	<b>/Location</b>
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