

TATA-AIG PROPOSAL FORM FOR TRADE CREDIT INSURANCE
INSURANCE POLICY

The information contained in this form is for the use of



1 APPLICANT INFORMATION

Applicant Company Name:
Complete Mailing Address with Postal Code (for all correspondence)
Telephone No. Fax No. Email
PAN (card number)
Company Registration No.
Contact Person Name & Job Title with Email address
Insurance requirement [] Domestic only [] Export only [] Domestic & Export Combined
Source of Funds (Tick box sources of fund question) [] Salary, [] Business, [] Inheritance, [] Investments, [] Other (Please specify)
Mandatory document of sources of fund (Premium exceeding Rs. 10 Lacs) [] Annual Reports [] ITR [] Other (Please specify)
Nationality [] Indian [] Non Indian
If Non-Indian, please specify Country
Type of Organization Corporations [] Government [] Non Governmental Organizations []
Society [] International Organization [] Trust []
Partnership [] Cooperatives [] Section 25 Company []
Do you have an existing credit insurance policy. If yes, please mention the name of the Insurer.
Please specify the reason behind shifting to other insurance company
Joint Applicants (if yes please ensure the information on all applicants is provided-using a separate sheet if necessary)
Do you have invoice discounting/factoring arrangements? (if yes, please give details of the bank and the arrangement)

2 BRIEF DESCRIPTION OF BUSINESS

Type of goods sold by insured to buyer / services provided to buyer
Nature of business i.e. manufacturer, trader, etc.,? (state which)

3 TURNOVER

Please state currency for all figures in this proposal form:
Financial Year Gross Turnover (INR Crores)
2012-13
2013-14
2014-15
2015-16
2016-17 (Estimated)
Please specify the Policy Limit of Liability requested (in INR Crores)
Please attach your most recent audited financial accounts.
NOTES Please note All information from this section onwards should pertain to insurable sales i.e. open account sales. Sales to group companies, Sales on Cash/LC /BG /Advance should be excluded. Sales to Govt Dept/Undertaking should be excluded
Countries Estimated Annual Turnover (INR Crores) Maximum Exposure at any one time (INR Crores) Approx No. of accounts Normal Terms and method of payment including credit period
Total
Do you sell to countries not included above? [] YES [] NO
Do you have any accounts where you have agreed to terms that differ from your normal terms of payment? (If yes, please give details)

4 ANALYSIS OF LOSSES

		In the event of an abnormal loss in any year, an explanation of circumstances must be attached			
Financial Year	Total bad debt losses (INR Crores)	Recoveries (INR Crores)	Number of bad debts	Largest Single Loss (INR Crores)	Remarks
2011-12					
2012-13					
2013-14					
2014-15					
2015-16					
Total	-	-		-	

Please complete top losses above hereunder

5 PRINCIPAL LOSSES

Financial Year	Name, Address & Country	Amount (INR Crores)	Reason for default	Action Taken
Total		-		

Please attach additional page(s), if required.

6 ACTIVE ACCOUNTS - DEBTOR ANALYSIS

As at:

Please indicate the number of debtors, by size and indicate percentage of debtor balance / total debtor balance in each band.

Outstanding Debt	Number of debtors	Aggregate Amount owing (INR Crores)	%	Outstanding Debt	Number of debtors	Aggregate Amount owing (INR Crores)	%
Less than 250,001				INR 5,000,001-7,500,000			
INR 250,001-500,000				INR 7,500,001 to 10,000,000			
INR 500,001-1,000,000				Above 10,000,001			
INR 1,000,001-2,000,000				Accrued sales not due			
INR 2,000,001-3,000,000				Credit balances and adjustments			
INR 3,000,000-4,000,000							
INR 4,000,001-5,000,000				Total			0%

7 DEBTOR AGED ANALYSIS

As at :							
Current - not yet due 1 - 30 days overdue 31 - 60 days overdue		Amount (INR Crores)	%	61-90 days overdue > 90 days overdue TOTAL		Amount (INR Crores)	%

8 OVERDUE ACCOUNTS

If you have any accounts which are seriously overdue or causing you anxiety, please give details of debtors name, address, company registration number, amount outstanding, original due date and action taken. If not please state none.				
Name & Address	Amount O/S (INR Crores)	Original due date	Reason (s) for overdue	Action taken

9 List of Top 12 buyers

Name, Address and Country	Projected Sales (next year) INR Crores	*Credit Limit Required (INR Crores)	Payment Terms (Days)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

10 CREDIT MANAGEMENT

Who is responsible for the company's credit mgt?	Name :	
	Position :	

a) Are credit limits established on individual customers?

b) On what basis is a specific credit limit established? (financial or otherwise)

Status Reports	Yes / No	Agency Name:	
Bank Reports	Yes / No		
Audited / management accounts	Yes / No		
Trading experience	Yes / No		
Personal visits made to the customer?	Yes / No	Please state frequency of visits:	
Any other sources	Yes / No		

c) How often is credit information updated?

d) How often is a credit limit reviewed and on what basis?

e) What information do you use when reviewing the credit limit?

f) How many days after due date do you normally...?

... stop further supplies	No. of days	Who has the authority to take action?	
... take collection action			
... take legal action			

We, including any joint applicants, declare and warrant that the information given by us on this form and any attachments, is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in calculating the premium and accepting the risk.

Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued to us.

We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

We understand that the Company has the right to call for documents to establish sources of funds.

The insurance company has right to cancel the insurance contract in case we have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Authorised Signature of Applicant(s)

Date

Name of Signatory

Position in Company

Company Stamp

To be completed by Broker / Agent

Name

Address

Tel:

Fax:

Email: