

Completely answer all questions as they apply to the company and its customers. If a question does not apply, write **N/A** (for not applicable). Questions that are left blank may cause unnecessary delays.

Someone with proper and complete knowledge of the business and its customers should fill out this application.

When entering dollar amounts and / or percentages, answers should be rounded estimates to the next whole dollar.

Application Information

Provide general information about the business. This allows us to have someone to contact and where to contact them in order to keep the company updated on the progress of the application and / or other issues that arise.

Business Description

Provide more in-depth information on the type and current status of the company. This provides us with a bigger picture and better understanding of where the company currently stands.

Sales and Loss Experience

Provide detailed information on the company's history of sales and bad debt losses, if any. Please provide your estimate of total annual sales to the accounts you plan to insure as pricing is based on this figure.

Markets

Provide information on the various markets that the business deals with along with key accounts and past due amounts (complete the attached forms for key accounts and past due information).

Credit Process & Procedures

Provide information on who issues credit within the company and what factors are considered to determine if open credit is given or terminated.

Broker of Record

This recognizes us, Sterling Seacrest Pritchard, as your - the applying company's – broker of record and overrides any other broker.

Table I-Key Account Information

Use this table to provide information on your customers on which named coverage is being requested. Make as many copies of this page as required to list your coverage requests. Please provide requested credit limit based on your average high credit exposure not on annual sales.

Table II- Past Due

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

Please return the signed application along with a current summary aging report. Please also include copies of your credit procedures (if applicable). We will process the application and review other relevant information to provide the best direction and assistance for your company. You should receive formal quotes from us within 2-3 weeks. Thank you for requesting our services, we look forward to working with you.

Applicant Information

Business Name: _____

Please list all divisions, subsidiaries, branches and trades styles to be covered by the policy:

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____ **Title:** _____

Phone: _____ - _____ - _____ **Fax:** _____ - _____ - _____

Email: _____ **Website:** _____

Type of Coverage Requested: Domestic Export Both

Business Description

- Type of Business: Manufacturer Wholesaler Service
 Other (Please describe): _____
- Product Lines: _____
- Product line constituting the largest volume:
Approximate percentage: _____ Number of years in this line: _____
Approximate gross margin: _____
- Any specialized processed / purchased work or materials? Yes No
If yes, please describe: _____
- Approximate percentage of sales made to: Manufacturers ____% Wholesalers ____% Retailers ____%
Other (describe): _____
- Do you sell on consignment? Yes No
- Regular terms of sale: _____ Longest terms of sale, including extended terms: _____
- Approximate number of active customers: _____ Average days sales outstanding (DSO) over 12 months: _____
- What is your major interest in credit insurance? (Please select all that apply)
 Catastrophic loss protection Safe sales expansion Borrowing enhancement
 Credit decision support Export sales
- Do you currently have a credit insurance policy? Yes No
If yes, with whom: _____ Expiration date: ____ / ____ / ____
- Have you recently applied elsewhere for credit insurance? Yes No
If yes, with whom: _____ When: _____

If Borrowing related, please answer the following questions:

1. Are accounts receivable pledged as security under the bank line? Yes No
2. Concentration issues? Yes No
If yes, please describe: _____
3. What is your current advance rate? _____ At how many days do receivables become ineligible? _____
4. Who do you currently bank with? _____

Please provide a breakdown of the outstanding amounts of all accounts:

Anticipated number of accounts	Size of accounts (outstanding at one time)	Anticipated annual sales in each category
	Over \$1,000,000	
	\$500,001 to \$1,000,000	
	\$300,001 to \$500,000	
	\$100,001 to \$300,000	
	\$75,001 to \$100,000	
	\$50,001 to \$75,000	
	\$25,001 to \$50,000	
	\$0 to \$25,000	

Please provide your accounts receivable balance for the previous four quarters:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Date				
A/R \$				

If sales are seasonal, please explain their pattern: _____

Please complete the following sales and loss experience section:

Sales and Loss Experience

	Current year-to-date	Prior two years		Worst loss year in last five years
Date(month and year):	____ / ____	____ / ____	____ / ____	____ / ____
Net Sales:	\$	\$	\$	\$
Number of write-offs:				
*Total net losses:	\$	\$	\$	\$
Largest single loss	\$	\$	\$	\$

*Due to credit-related defaults or insolvencies

Projected net sales over the next 12 months: Domestic (USA and Canada): \$ _____ Export: \$ _____

Projected insured sales over the next 12 months: \$ _____

Please complete the following market section:

Markets

Please indicate the sales per country where your buyers are located. The total dollar amount (\$) of anticipated annual sales should match the projected insured sales for the next 12 months and needs to include any countries for insurable buyers. Please include the USA, if applicable. If more space is needed, please list on a separate schedule:

Country	Approximate number of accounts	Anticipated annual sales (in US dollars)	Maximum terms of Payment

Credit Process & Procedures

- Who is responsible for granting credit within the company: _____
Title: _____
- Any Assistants? Yes No If yes, please list: _____
- Does centralized credit control exist for all divisions, branch offices, and/or subsidiaries Yes No
If no, please explain: _____
- Do you have formal written credit procedures? Yes No **if yes, please attach to the application**
- Do you maintain a reserve for bad debts? Yes No **if yes, please detail:** _____
- Approximate percent of orders normally received:
Verbal: ____ % Written: ____ % Sales Contract: ____ % Other: ____ % Please describe: _____
- How long does it take to fill a typical order? : _____
What is the longest time? : _____
- How soon after shipping do you invoice? : _____
- How do you evaluate the credit worthiness of new accounts (include sources of information)? :

- How are credit limits established? : _____
- How often are they reviewed? : _____
- When will you stop providing open credit to an account? : _____
- When was the last time you did this? : _____

Please complete attached tables I & II and attach a current aging to the application

Broker of Record

We, _____, recognize Sterling Seacrest Pritchard as our broker of record for the purpose of securing credit insurance quotes.

Any policy of Credit Insurance issued to the applicant shall be on the representations and warranties made in this application. Such policy, if issued, along with this application and the Policy Declaration shall constitute the entire agreement between the applicant and the insurance carrier notwithstanding any statement or agreement made by any agent of Sterling Seacrest Pritchard to the contrary.

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false deception statement may be guilty of insurance fraud.

Signature

Title

Printed Name

Date

Please return to: Sterling Seacrest Pritchard
2500 Cumberland Pkwy SE,
Ste 400, Atlanta, GA 30339

Phone: (678) 424-6500
Email: tparker@sspins.com

Key Account Information – Table I

Use this table to provide information on your customers on which named coverage is being requested



Do you give permission for the carrier(s) to contact these buyer(s) for financial statements (if required for the requested credit limit)? Yes No

If yes, can the carrier(s) use your company's name when contacting the buyer(s)? Yes No

Customer legal name and Dun & Bradstreet Number (if applicable)	Physical address (include city & state – No P.O. boxes)	Phone number	Requested credit limit (not annual sales figure)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$

Past Due Information-Table II



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

Customer name	Shipment dates	Account balance	Amount over 60 days past due	Original amount of sale (net)	Reason for past due
1.		\$	\$	\$	
2.		\$	\$	\$	
3.		\$	\$	\$	
4.		\$	\$	\$	
5.		\$	\$	\$	
6.		\$	\$	\$	
7.		\$	\$	\$	
8.		\$	\$	\$	
9.		\$	\$	\$	
10.		\$	\$	\$	
11.		\$	\$	\$	
12.		\$	\$	\$	
13.		\$	\$	\$	
14.		\$	\$	\$	
15.		\$	\$	\$	
16.		\$	\$	\$	
17.		\$	\$	\$	
18.		\$	\$	\$	
19.		\$	\$	\$	
20.		\$	\$	\$	