

CREDIT INSURANCE PREMIUM APPLICATION

1) APPLICATION INFORMATION (Please print or type):

Company legal name:		
Address:		
City:	Province:	Postal Code:
Contact Name:	Contact Title:	
Phone:	Fax:	E-Mail:

2) BUSINESS DESCRIPTION:

Nature of Business: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Other (please specify):		
Products &/or services to be covered:		
Number of years in business:	Number of Employees:	
Policy Currency:	Total A/R last Quarter:	Average No. of Days Outstanding:
Year End:	Financial Institution:	Accounting Firm:
Canadian Content (Total sales less amounts disbursed to US or foreign companies):		
Do you currently have credit insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which insurance company:		

3) THREE YEAR SALES AND BAD DEBT HISTORY

	2005	2006	2007	2008 Year to Date
Canadian Sales	\$	\$	\$	\$
Total Bad Debt	\$	\$	\$	\$
Number Bad Debts				
USA Sales	\$	\$	\$	\$
Total Bad Debt	\$	\$	\$	\$
Number Bad Debts				
Export Sales	\$	\$	\$	\$
Total Bad Debt	\$	\$	\$	\$
Number Bad Debts				

Please describe any unusually large bad debts: _____

4) ANTICIPATED SALES FOR THE NEXT 12 MONTHS (Export sales must be shown for each country):

Country	Maximum Terms of Payment	Sales Volume
Canada		\$
USA		\$
		\$
		\$
		\$
		\$
		\$
		\$

