

Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006, Reg. No.: 113

CIN: U66010PN2000PLC015329 | UIN: IRDAN113CP0013V02201213

For more details, log on to: www.bajajallianz.com or

call at: **Sales - 1800 209 0144 / Service - 1800 209 5858** (Toll Free No.)

The information contained in this form is for the use of Bajaj Allianz General Insurance Co. Ltd and shall be treated with complete confidentiality

Caringly yours



TRADE CREDIT INSURANCE WORLD POLICY- PROPOSAL FORM

Important: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

No insurance cover will be in force until we have approved it and the premium due has been paid.

1. APPLICANT INFORMATION

Applicant Company Name:												
"Address: (for all correspondence):"												
Country:						Pin Code:						
Company Registration No.:						Website:						
Contact Person	Name:						Job Title:					
	Telephone No.:						Fax No.:					
	Email:											
Joint Applicants	Name:											
(if yes please ensure the information on all applicants is provided-using a separate proposal form)												
Insurance requirement												
Do you have an existing credit insurance policy?						Insurer						
Do you have any invoice discounting/factoring/financing arrangements?							(if yes, please give details here)					

Business Activity of Applicant			
Nature of business			(please give details here)
Special Features of your business			(please give details here)
Do you hold Retention of Title?			(please give details here)

3. TURNOVER:

ALL FIGURES MUST BE IN INR ONLY

Financial Year	Total Sales Trunover

% of T/O by Cash	
% of T/O by L/Cs	
% of T/O by Inter-co	
% of T/O by Credit	

Please attach your most recent audited financial accounts.

NOTES: Please note for sections 3 - 10 Turnover Figures and debtor balances should exclude direct sales to associated and subsidiary companies, as well as Government Departments, Public Authorities and Nationalised undertakings except where public buyer default is required.

Countries	Estimated Annual Turnover	Maximum Amount Outstanding at any one time	Approx No. Of buyers	Normal Terms of Payment Eg: Open account 90/60/30 days form date of Invoice/BL/Dispatch/delivery etc.
Eg.: India				
Eg.: Canada				

Do you sell to countries not included above?
(If yes, please attach a list of all the countries & estimated turnover)

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	Recoveries	Number of bad debts	Largest Single Loss	Remarks

Please attach additional page(s), if required.

5. PRINCIPAL LOSSES

Financial Year	Name, Address & Country	Amount	Reason for default	Action Taken

Please attach additional page(s), if required.

6. ACTIVE ACCOUNTS - DEBTOR ANALYSIS

Please indicate the number of debtors, amount owing and percentage of (debtor balance/total debtor balance) in each band

As at :	Enter Date						
Outstanding Debt	Number of debtors	Amount owing	%	OutstandingDebt	Number of debtors	Amount owing	%
Up to INR 10,000		-		INR 250,001 - 500,000		-	
INR 10,001-25,000		-		INR 500,001 - 1,000,000		-	
INR 25,001-50,000		-		INR 1,000,001 - 2,500,000		-	
INR 50,001-100,000		-		INR 2,500,001 - 5,000,000		-	
INR100,001-250,000		-		Above INR 5,000,001		-	
				Total	-	-	

7 DEBTOR AGED ANALYSIS

Please provide the outstanding debt for the past 12 months on quarterly basis :

Quarter 1	Enter Date		Quarter 3	Enter Date	
Quarter 2	Enter Date		Quarter 4	Enter Date	

As at :	Enter Date
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	Amount	%		Amount	%
Current (within due date)	-		61-90 days overdue	-	
1 - 30 days overdue	-		> 90 days overdue	-	
31 - 60 days overdue	-		TOTAL	-	

Current : Amount outstanding BUT within the contractual due date; Overdue: Amount outstanding @@@ days from contractual due date

8 OVERDUE ACCOUNTS

Please provide list of accounts overdue is beyond due date . Please attach additional page(s), if required.

Name & Address	Country	Amount O/S	Original due date	Reason (s) for overdue	Action taken

9. CROSS SECTION OF YOUR MAJOR CUSTOMERS

Name & Address	Country	Payment Terms	Estimated Annual Turnover	*Credit Limit Required	*Overdue

** Credit Limit = maximum amount outstanding at any one time.

** Overdue: Amount overdue beyond due date

Please provide complete invoicing names and addresses which should be legally registered. Attach additional page(s) , if required."

10 CREDIT MANAGEMENT

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

Bajaj Allianz General Insurance Company Limited

a) Are credit limits established on individual customers?	
b) On what basis is a specific credit limit established? (financial or otherwise)	

Status Reports		Agency Name:	
Bank Reports		Bank(s):	
Latest Audited / management accounts			
Other Sources used (e.g. trading experience)		Please state:	
Regular personal visits made to the customer?		Please state:	

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...?	

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

11 DECLARATION

- 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.

Authorised Signature of Applicant(s)	Name of Signatory	
	Position in Company	
	Date	

Company Stamp	
(If there is no company stamp, please write "duly authorised to sign for and on behalf of ... company name")	

To be completed by Broker			
Name of the Broking Firm			
Intermediary Code issued by Bajaj Allianz			
Complete Address			
Contact for this proposal	Name	Email:	
Mobile No.	Telephone	Fax No.	

Bajaj Allianz General Insurance Co. Ltd.

(Head Office & Regd. Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113)

Prohibition of Rebates

- No person shall allow or offer directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to the lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ten lakh rupees.