

"EXPRESS" CLAIM PAYMENT APPLICATION

For claims – including collection fees – under USD/CDN\$5,000

The following form **MUST** be completed in full and in accordance with "How To" Guide for the claim to be processed under the "Express Claim Program". Claims with respect to risks occurring before goods are shipped are excluded from this Program.

Insured/Policyholder Name _____ Policy no.: _____

Buyer Name and Address

Buyer's LEGAL name: _____

Trade style (if applicable): _____

Address: _____ Tel.: () _____

City: _____ Province/State: _____ Fax: () _____

Country: _____ Postal code: _____ Email: _____

Risk Category Non payment Insolvency (date of filing _____
yyyy/mm/dd)

Transaction Details

1st unpaid invoice date: _____ Last unpaid invoice date: _____
yyyy/mm/dd yyyy/mm/dd

Number of unpaid invoices: _____ Terms of payment: _____

Credit tool used: _____ Credit limit established: _____ Currency _____

Total of all unpaid invoices*: _____ GST _____ PST _____ Foreign Tax _____

Amount Recovered by Collection Agency*: _____ GST _____ PST _____ Foreign Tax _____

Amount of fees/expenses*: _____ GST _____ PST _____ Foreign Tax _____

(*excluding taxes)

Collection Details

Agency name: _____

Address: _____ Tel.: () _____

_____ Fax: () _____

City: _____ Province/State: _____ Agency file no. _____

Country: _____ Postal code: _____ Date placed with agency: _____
yyyy/mm/dd

Representations, acknowledgement and assignment agreement

I, _____ of _____
(Name of Authorized Representative – print) (Name of Insured/Policyholder – print)

certify that the information contained in this claim application is true and further certify as follows:

1. That a Loss under the Policy has occurred.
2. That all declarations have been made and corresponding premiums paid, including those required for the transaction which is the subject of the claim application.
3. That the documents in support of this claim application (evidence of debt, shipment, creditworthiness, etc.) are in the possession of the Insured/Policyholder and will be produced, at any time, upon request by EDC.
4. That the debt has been entrusted to the above collection agency for collection.
5. That the Insured/Policyholder is not in breach of any of the terms or conditions of the Policy and that no exclusions apply.
6. That the buyer has not raised any objections to paying and has not disputed its obligation to pay for the goods.

The Insured/Policyholder further acknowledges and agrees that EDC may:

1. Request, at any time, at its sole discretion, and the Insured/Policyholder shall provide forthwith, all documentation in support of the claim application.
2. Audit, at any time, at its sole discretion, the Insured/Policyholder's records in connection with this claim application and/or any other claim application submitted under the "Express Claim Program".
3. Exclude the Insured/Policyholder from the "Express Claim Program", at any time, at its sole discretion, for any reason whatsoever.
4. Demand immediate reimbursement of any amounts paid under the "Express Claim Program" which EDC deems have been paid improperly or as a result of any misrepresentation herein. Any demand for reimbursement shall be complied with by The Insured/Policyholder forthwith.

The Insured/Policyholder transfers and assigns to the Insurer the Insured's/Policyholder's rights in any amount owed to it in respect of the Loss under the Policy. The Insured/Policyholder further agrees, upon EDC's request, to sign and deliver such other agreements or documentation which EDC deems necessary or desirable to enable EDC to obtain the full benefit of this transfer and assignment.

(Signature of Authorized Representative) (Name of Authorized Representative-print) (Title)

I have the authority to bind the Insured/Policyholder

Date _____ Tel.: () _____ Fax: () _____ Email: _____
yyyy/mm/dd