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 Claims & Recoveries Dept.  
 151 O'Connor Street  
 Ottawa, Canada K1A 1K3  
 www.edc.ca/claims

## Claim Payment Application

INSURED/POLICYHOLDER NAME	POLICY NUMBER
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BUYER NAME AND ADDRESS

**RISK CATEGORY** (Please check the appropriate risk)

Insolvency   
  Nonpayment   
  Repudiation   
  Conversion and Transfer   
  War   
  Export Permit   
  Import Permit

**SUPPORTING DOCUMENTATION REQUIRED** (Please check and attach pertinent copies of documentation)

01  Credit Information   
 02  Invoices   
 03  Statement of Account   
 04  Proof of Debt  
 05  Proof of Shipment   
 06  Proof of Insolvency   
 07  Relevant Correspondence   
 08  Other Supporting Documentation  
 09  What action have you taken to effect collection. Please provide the name of Agency or Lawyer.

**CALCULATION OF CLAIM**

<b>10</b> Contract Currency	<input style="width: 90%;" type="text"/>	
<b>11</b> Gross Invoice Value (excluding taxes)		\$ <input style="width: 80%;" type="text"/>
<b>12</b> Less payments received	<input style="width: 90%;" type="text"/>	
<b>13</b> Less Amounts Credited to Account	\$ <input style="width: 90%;" type="text"/>	
<b>14</b> Less Agent's Commission Being Held	\$ <input style="width: 90%;" type="text"/>	
<b>15</b> Less Offsets/Deductions	\$ <input style="width: 90%;" type="text"/>	
<b>16</b> Sub-total		\$ <input style="width: 80%;" type="text"/>
<b>17</b> Net Loss		\$ <input style="width: 80%;" type="text"/>

**CERTIFICATION**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name in block letters) (Insured/Policyholder Name)

have examined the information included in this Claim Payment Application and certify that except as already disclosed, the Insured/Policyholder holds no sums, credits, indemnity, or security against the Buyer's account, and that it has no admissible claim against its agent in respect of commissions or other risks assumed by it. The Insured/Policyholder has not insured, assigned, pledged or otherwise disposed of any part of the purchase price receivable in respect of the goods or services.

I certify that there are no disputes whatsoever in respect of the transaction(s) mentioned above. I further certify that the Insured/Policyholder is not in breach of any terms and conditions of the Policy, and declare that it has sustained a loss in respect of a risk covered by the Policy.

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date

Your company's contact for Insurer queries relating to information on this application.

\_\_\_\_\_  
Name Title Telephone Fax