



APPLICATION FOR ACCOUNTS RECEIVABLE INSURANCE

Please note that all information will be kept strictly confidential

1 APPLICANT INFORMATION

Legal Name of Applicant	
Trade Name	
Address (Street, City, Province, Country and Postal Code)	

2 CONTACT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Contact Name			
Title			
Telephone		Fax	
E-mail address			

3 YOUR BUSINESS

Legal Status	<input type="checkbox"/> Incorporated	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other		
Place of incorporation/registration	<input type="checkbox"/> Canada	<input type="checkbox"/> Other	If other, specify where:			
Type of Business	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Trading House	<input type="checkbox"/> Contractor	<input type="checkbox"/> Services	<input type="checkbox"/> Other
Year Established		Number of Employees				

Brief Description of Product/Service	Percentage of Overall Business

For the foreign sales that you want to insure, indicate the percentage of those sales that is comprised of goods or services EXPORTED from Canada.* _____ %

* Exported from Canada means that the goods cross the Canadian border or that the services are rendered by a Canadian (who is paid in Canada) for a foreign buyer.

4 CUSTOM PRODUCTS

Do you sell customized products? (i.e., products that cannot be readily sold to another buyer because they have been made-to-order)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the average production period of your products? (days)	

5 COVERAGE

Please select one of the following coverage options:

- Cover all sales Cover all sales except USA sales *Canadian sales to be covered by Coface
 Cover all sales except Canadian sales Cover all sales except Canadian and USA sales

Based on the option selected above, list the countries you want to cover.
 If necessary, please list additional countries on a separate page. Letter of credit coverage is optional.
 If you wish to insure L/Cs, please provide the details and invoicing terms on a separate line.

Please indicate the currency

- CAD\$ USD\$

Country	Maximum payment terms	Anticipated annual sales	Maximum outstanding at any one time

Are your sales currently insured? Yes No

6 AFFILIATED COMPANIES

Do you require coverage on sales made by affiliated companies?

If yes, indicate the name and full address of the affiliates, your relationship with them and the ownership percentage.

- Yes No

Company Name

Relationship

% of ownership

Address

(Street, City, Province,
Country and Postal Code)

For the foreign sales of each affiliate to be insured, indicate the percentage of those sales that is comprised of goods or services EXPORTED from Canada. _____ %

7 SALES AND BAD DEBTS

Provide details about your sales and bad debts for the last three fiscal periods and for the current year.
 Record the amount of debts (before insurance claim payments).

Please indicate the currency

- CAD\$ USD\$

Fiscal period ending	month / day / year	month / day / year	month / day / year	Current Year to Date
Total sales in U.S.				
Total sales in Canada				
Total sales outside Canada and U.S.				
U.S. bad debts				
Canadian bad debts				
Bad debts outside Canada and U.S.				

8 LOSS VALUE

Specify the number and value of any losses due to non-payment over the last 12 months.				Please indicate the currency <input type="checkbox"/> CAD\$ <input type="checkbox"/> USD\$	
Value Range of Losses	Number of Canadian Losses Incurred	Total Value of Canadian Losses (before insurance claim payments)	Number of Export Losses Incurred	Total Value of Export Losses (before insurance claim payments)	
\$0 – \$1,000					
\$1,001 – \$2,000					
\$2,001 – \$3,000					
\$3,001 – \$4,000					
\$4,001 – \$5,000					
\$5,001 – \$10,000					
\$10,001 – \$50,000					
\$50,001 – \$100,000					
\$100,001 – \$500,000					
\$500,001 – \$1,000,000					
> \$1,000,000					
What was the value of your largest single loss and what was the nature of the loss?					

9 AGING OF RECEIVABLES

Provide a break down of all your aged receivables into the following categories: If your company has total annual sales greater than \$5 million CAD, please attach a copy of your most recent aged receivables listing.				Please indicate the currency <input type="checkbox"/> CAD\$ <input type="checkbox"/> USD\$	
Current	30 Days Overdue	60 Days Overdue	90 Days Overdue	90+ Days Overdue**	
\$	\$	\$	\$	\$	
** What is the reason for the overdue and what steps are being taken to remedy the problem?					

10 CREDIT INFORMATION

What sources of credit and/or financial information do you use to verify creditworthiness of buyers? <input type="checkbox"/> Banks <input type="checkbox"/> Trade References <input type="checkbox"/> Financial Statements <input type="checkbox"/> Credit Agency (please specify) _____					
Do you have a credit and collections practices manual? If yes, please include a copy with this application.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a credit department?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, a) How many people work in the credit department?					
b) Who is responsible for making credit decisions?					
c) On what basis are credit decisions made?					
<input type="checkbox"/> Favourable Trade References		<input type="checkbox"/> Previous Payment Experience		<input type="checkbox"/> Favourable Bank Report	
<input type="checkbox"/> Credit Agency Rating		<input type="checkbox"/> Credit Agency Recommendation		<input type="checkbox"/> Financial Statements	
d) How often are those decisions reviewed?					
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Twice a Year	<input type="checkbox"/> Yearly	<input type="checkbox"/> Every 2 Years	<input type="checkbox"/> Never
e) How often do you update a buyer's credit information?					
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Twice a Year	<input type="checkbox"/> Yearly	<input type="checkbox"/> Every 2 Years	<input type="checkbox"/> Never
f) What is the procedure for following up on delinquent accounts?					
<input type="checkbox"/> Direct buyer contact	<input type="checkbox"/> Collection agency	<input type="checkbox"/> Send demand payment letter to buyer	<input type="checkbox"/> Visit buyer	<input type="checkbox"/> Legal action	

11**POLICY ACCEPTANCE FEE AND ADMINISTRATION**

How will you pay the policy acceptance fee?	
<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card (please fill out information below)
Credit Card Type	
Credit Card No.	Expiry Date
Name on Credit Card	
Do you wish to assign the proceeds of the policy to a bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In which language would you like to receive the policy documentation? <input type="checkbox"/> English <input type="checkbox"/> French	
a) In which currency do you want the policy administered? (The maximum liability will be stated in this currency. In addition, claims, where the contract currency is anything other than CAD\$ or USD\$, will be paid in this currency.)	
<input type="checkbox"/> CAD\$ <input type="checkbox"/> USD\$	
b) In which currency would you like to report sales and pay premium?	
<input type="checkbox"/> CAD\$ <input type="checkbox"/> USD\$ <input type="checkbox"/> Both	
How did you learn about our products?	
<input type="checkbox"/> Bank	<input type="checkbox"/> Other Web Site
<input type="checkbox"/> Broker	<input type="checkbox"/> EDC Direct Mail
<input type="checkbox"/> Other Advisor (Accountant/Lawyer)	<input type="checkbox"/> EDC Print Advertising
<input type="checkbox"/> EDC Web Site	<input type="checkbox"/> EDC TV Advertising
<input type="checkbox"/> EDC Publication	<input type="checkbox"/> Industry or Professional Association
<input type="checkbox"/> Other Publication	<input type="checkbox"/> Referral From an EDC Customer
<input type="checkbox"/> EDC Event	<input type="checkbox"/> Other Government Agency
<input type="checkbox"/> Trade Show	<input type="checkbox"/> Other

12**APPLICANT DECLARATION**

The Applicant acknowledges that export sales will be insured by Export Development Canada ("EDC") and, if Canadian sales are insured, they will be insured by Compagnie Française d'Assurance pour le Commerce Extérieur – Canada Branch ("Coface"). The Applicant acknowledges that the liability of EDC and Coface under the policy will be separate and not joint.

The Applicant declares that: (i) the information contained in this application is true and correct and acknowledges that the Insurer(s) could deny liability under the policy if the application contains any misrepresentation which is material to the insurance contract; and (ii) the Applicant does not have any policy of insurance, guarantee or agreement providing coverage for a loss in respect of any contracts of sale which would be covered under the policy being applied for, and will not place any such coverage while the policy is in place.

The Applicant acknowledges that additional information may be required by the Insurer(s) prior to the issuance of a policy and agrees that any such additional information will form part of this application. The Applicant acknowledges and agrees that, if Canadian sales are also insured, any information relating to the Applicant (including buyer information) will be available to EDC, Coface and Coface's New Jersey subsidiary, Coface North America, Inc., who is acting as agent for its parent company Coface for this insurance.

The Applicant further declares that with respect to the business to be supported by the Insurer(s): (a) neither the Applicant, nor its affiliates*, have been or will knowingly be party to any action which is prohibited by applicable criminal laws dealing with the bribery of public officials, including *Canada's Corruption of Foreign Public Officials Act*, which makes it illegal for persons to, directly or indirectly, give, offer, or agree to offer a loan, reward, advantage or benefit of any kind to a foreign public official in order to obtain or retain an advantage in the course of business; (b) neither the Applicant, nor its affiliates, nor, to the best of our knowledge, anyone acting on the Applicant's or its affiliates' behalf, are currently under charge in a court or, within the last five years, have been convicted in a court for violation of laws against the bribery of foreign public officials of any country and, (c) upon request, the Applicant agrees to provide to the Insurer(s) the identity of persons acting on the Applicant's and its affiliates' behalf and the amount and purpose of commissions and fees paid, or agreed to be paid, to such persons.

*For the purpose of this application, affiliate means: (i) a person that is directly or indirectly controlled by the Applicant or by a person that also directly or indirectly controls the Applicant; or (ii) a person that directly or indirectly controls the Applicant; and for the purposes of the foregoing, control means de facto control.

The Applicant also declares that it is not aware of any significant environmental risk associated with the business insured under its Policy. "Environmental risks" refer to any potential adverse effects on the environment or communities outside Canada resulting from such business insured by EDC – either i) with the end use of goods produced or manufactured by the Applicant and exported from Canada or with the production or manufacturing outside Canada of goods which are sold by the Applicant; ii) with the production, manufacturing and/or end use of goods produced or manufactured by the Applicant's foreign affiliates outside Canada; or iii) with services rendered for buyers outside Canada by the Applicant or foreign affiliates of the Applicant."

AUTHORIZED SIGNATURE OF APPLICANT

DATE

Complete below only if a broker is involved

SIGNATURE OF BROKER

DATE