



World Trade Consult, LLC

Application for Multi-Buyer Trade Credit Insurance

INSURANCE COVERAGE REQUESTED (Please check one box)

Domestic A/R (U.S. and Canada only)

Domestic and/or Export A/R

APPLICANT'S CONTACT INFORMATION

Company Name:

Authorized Officer/Contact:

Address:

City:

State/Province:

Zip/Postal Code:

Mailing Address (if different than above):

Policy Contact Name:

Policy Contact Title:

Phone:

Fax:

E-mail:

Other Entities or Business Styles to be protected:

APPLICANT'S BUSINESS/SALES TERMS INFORMATION

Nature of Business: Wholesale % Retail % Manufacturing % Other %

Products and/or Services Applicant Desires to protect:

Does Applicant Sell to Countries Other than the United States and Canada? Yes No

Export Sales: Open Account %, DAA %, CAD %, CILC/ILC %, Cash %

Export Terms: Open Account Days, DAA Days, CAD CILC/ILC Sight/ Days

Number of Years Exporting:

Domestic Sales: Open Account %, DAA %, CAD %, CILC/ILC %, Cash %

Domestic Terms: Open Account Days, DAA Days, CAD, CILC/ILC Sight/

Days

Domestic Sales : Days Sales Outstanding (DSO) :

Applicant's Most Recent Financial Statements Dated are attached.

Current Trade Credit Insurer/Policy Expiration Date? NA

ACCOUNTS RECEIVABLE INFORMATION

	Export	Domestic
Number of Active Accounts		
Total Annual Sales	\$	\$
Estimated Total Outstanding Receivables/Peak Months	\$	\$
Four Prior Quarter A/R Ending Balances with QE Dates		
1Q Date	\$	\$
2Q Date	\$	\$
3Q Date	\$	\$
4Q Date	\$	\$

EXPORT SALES & LOSS INFORMATION (Open Acct, DAA, CAD Terms)

Past 3 Fiscal Years	Gross Sales Export	Number of Losses	Gross Losses	Largest Single Loss	Next Largest Single Loss
FYE	\$		\$	\$	\$
FYE	\$		\$	\$	\$
FYE	\$		\$	\$	\$
YTD	\$		\$	\$	\$

EXPORT SALES DISTRIBUTION (Largest to Smallest Foreign Markets)

Foreign Market	Payment Terms	Annual Sales
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$

Comments:

EXPORT A/R PAST DUE LIST (60 DAYS OR MORE)

Please list all customers (on which insurance coverage is being requested) that have undisputed amounts owing more than 60 days past due (from original payment terms). If none, so state as 'None'.

Customer/Country	Terms of Sale	Shipment Dates	Account Balance	Amount > 60 Days	Why Past Due?
1. /			\$	\$	
2. /			\$	\$	
3. /			\$	\$	
4. /			\$	\$	
5. /			\$	\$	

DOMESTIC SALES AND LOSS INFORMATION (Open Account, DAA, CAD Terms)

Past 3 Fiscal Years	Gross Sales Domestic	Number of Losses	Gross Losses	Largest Single Loss	Next Largest Single Loss
FYE	\$		\$	\$	\$
FYE	\$		\$	\$	\$
FYE	\$		\$	\$	\$
YTD	\$		\$	\$	\$
Next 12 Months Projected Domestic Sales on Open Terms: \$					
Gross Profit Margin on Domestic Sales: %					
Comments:					

CREDIT MANAGEMENT POLICY AND PROCEDURES

Applicant has a formal, written credit policy and procedures. Yes No If Yes, attach a current copy.

Who manages the credit process? Who assists?

Name:	Title:	FT	PT
Name:	Title:	FT	PT
Name:	Title:	FT	PT

Are Credit Limits established for each Account? Yes No

If Yes, please indicate the parameters used to determine the Credit Limit:

Agency Credit Report Bank Reference Account Financial Statements

Applicant's Ledger Experience Trade References (Please check all that apply)

When are Financial Statements usually required?

How often does Applicant's credit managers personally visit each Account

How often is financial and other credit information updated?

When is the Account Credit Limit reviewed?

What specific information is analyzed during a Credit Limit review?

Are Security Instruments used when establishing Credit Limits ?Yes No If Yes ,specify

Does Applicant refer to the status of the Account before approving? Yes No

Acceptance of Purchase Order Yes No Dispatch/Delivery Yes No

Are Purchase Orders written? Yes No How long from PO acceptance to delivery?

Under what conditions have you stopped shipping an Account? Provide specific details

Does Applicant factor A/R? Yes No If Yes, please specify the factor's name and address

Does Applicant have written formal collections procedures? Yes No If Yes, please attach a copy.

What resources does Applicant have to insure timely collection?

How are Export collections handled?

When does Applicant place Accounts for collection with outside Collection Agencies?

A/R PORTFOLIO BREAKDOWN

Export			Account Size	Domestic		
# of Account	Amount O/S	% Total		# of Account	Amount O/S	% Total
			\$1,000,000 and over			
			\$500,000 - \$999,999			
			\$100,000 - \$499,999			
			\$50,000 - \$99,999			
			\$20,000 - \$49,999			
			\$10,000 - \$19,999			
			\$0 - \$9,999			
			Total Number of Accounts			

KEY ACCOUNT INFORMATION

Please use this table to provide information on your most important customers.					
Customer Name	City	State	Country	Amount of Coverage Requested	Estimated High Credit (last 12 months)
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$
6.				\$	\$
7.				\$	\$
8.				\$	\$
9.				\$	\$
10.				\$	\$
11.				\$	\$
12.				\$	\$
13.				\$	\$
14.				\$	\$
15.				\$	\$

BROKER OF RECORD AUTHORIZATION

By our signature below _____ recognizes **World Trade Consult, LLC** and its representative John R. Koch as its Broker of Record regarding all of our Account Receivable insurance matters.

For your protection, State Law (in many states) requires the following to appear on this Application:

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and punishable by law.” (New York statutes further state that fraudulent acts “shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”)

By Applicant's completion of this Application, World Trade Consult, LLC is authorized by Applicant to share Applicant's Application information in a confidential manner with selected Insurance Carriers. Along with World Trade Consult, LLC, these Insurance Carriers rely on the representations provided by the Applicant in, and in all matters related to this Application when making decisions regarding any policy they may approve and subsequently issue in favor of the Applicant. This Application, the policy and the declarations will constitute the entire insurance agreement between the Applicant and the respective Insurance Carrier. Any loss occurring prior to payment of the appropriate premium by Applicant required and received by the Insurance Carrier will not be covered even if the policy has been issued and delivered to Applicant. Neither World Trade Consult, LLC nor any other broker is authorized to modify, alter or waive any policy provisions, either verbally or in writing.

The Insurance Carriers' efforts to provide maximum coverage on the Applicant's customers is dependent on their ability to obtain financial information. Therefore, they may need to contact the Applicant's customers to request additional information necessary for their coverage decisions. Applicant hereby does not authorize World Trade Consult, LLC and its selected Insurance Carriers to use Applicant's name when contacting Applicant's customers.

Name/Title of Applicant's Authorized Officer /
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Signature:	Date:
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Please return this Application completed with supporting documentation to:

Home Office Address:
540 Lexington Landing Drive,
St. Charles, MO 63303.
Office Phone: 636-922-9552. Office Fax: 636-922-9392.
Email: johnk@worldtradeconsult.com

Required supporting documentation includes:

- 1. Current A/R Aging (listing of each of Applicant's Accounts by Name, with Totals)**
- 2. Credit Policy and Procedures (if available)**
- 3. List of Desired Named-Insured Buyers (Full Name, Address, Phone and DUNS#), Payment Terms, and Applicant's Desired Credit Limits**