

CREDIT INSURANCE QUESTIONNAIRE

1. Your Details

Company Name(s):	
Co. Registration No:	
Address:	
Post Code:	
Telephone:	
Email:	
Fax No:	
Contact:	
Position:	
Date:	

2. Business Description

To which Trade Sector(s) do you sell?	
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When is your Financial Year End?	
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3. Special Features

Please give details of the following if applicable ([View Glossary of Terms](#)) :

Feature	Please indicate YES or NO	Details
Pre-shipment Risks		
Consignment Stock		
Binding Contracts		
Long Term Contracts		
Seasonal Variations		
J.C.T. Contracts		
Others		

	Please indicate YES or NO
Do all contracts incorporate legally valid and enforceable "All Monies" retention of title clause?	

4. Turnover & Terms of Payment

Note: For all financial information, please exclude VAT, cash/pro-forma sales, sales to associate/subsidiary companies, sales to publicly owned companies and sales on Confirmed Irrevocable Letter of Credit Terms.

Estimated UK Turnover for the next 12 months:	
What are your Standard Terms of Payment? (<i>Days – from Invoice date/end of month/other please specify</i>):	DAYS
What are your Maximum Terms of Payment? (<i>Days – from Invoice date/end of month/other please specify</i>)	DAYS

Estimated Export Sales Turnover for the next 12 months:	
What are your Standard Terms of Payment? (<i>Days – from Invoice date/end of month/other please specify</i>)	DAYS
What are your Maximum Terms of Payment? (<i>Days – from Invoice date/end of month/other please specify</i>)	DAYS

Please provide details of your export sales turnover by country and terms of payment if non-standard.

Country	Annual Turnover	Terms of Payment

5. Risk Management

Buyers credit checked by	
Frequency of credit checks	
Credit limits set on system	
Credit limits linked to stop and order processing	
Credit limits set by and to specified level	
Written credit policy	
How many days from due date are debts chased	
Customers put on stop at	
Legal action undertaken	
Used for legal action	

6. Your Debtor Profile *Please provide details for the current year to date and also for the preceding 3 years*

Year Ending (dd/mm/yy)	Insurable Turnover	Total Bad Debts	How Many?	Largest	Name of Largest
Year-to –date					
/ /					
/ /					
/ /					

Debt analysis as at: *(or attach a copy of aged debt)*

Outstanding Debtor Balance	Number in Range	Total Value in Range	Percentage of Total Value
1,000,000 +			
500,000 to 1,000,000			
250,000 to 500,000			
100,000 to 250,000			
50,000 to 100,000			
25,001 to 50,000			
10,000 to 25,000			
5001 to 10,000			
2,501 to 5,000			
1,001 to 2,500			
Up to 1,000			
Total			

Please show the Debtor Balances as at last:

31 March		30 June	
30 September		31 December	

Please provide details of any accounts 60 days overdue or causing you concern. Do not include queried or disputed debts.

	Debtor Name and Co. Reg No. (Please provide address if not UK Registered).	Amount outstanding	Original due date (dd/mm/yy)	Action taken & any other information
1.				
2.				
3.				
4.				

Do you currently Credit Insure? (Please indicate YES or NO)			
		Renewal Date	Insurer
If yes, please provide details, including the renewal date of your current arrangements.			

7. Your Principal Customers

Please provide details of your top ten customers along with the credit limit required (maximum amount outstanding at any one time).

Company Name	Country	Company Reg No.	Credit Limit Required
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

***Disclosure of Material Facts** – Every proposer or insured, when seeking new insurance or amending or renewing an existing policy, must disclose any information which might influence the insurer in deciding whether or not to accept the risk, what the terms of the policy should be or what premium to charge. If you fail to disclose all material facts, this may render the insurance voidable from inception (the start of the contract) and enable the insurer to repudiate liability (entitle the insurer not to pay your claims). If you are not sure whether a fact is material, you should disclose it.*

CONTACT DETAILS

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RESET FORM

SUBMIT FORM