

Trade Credit Insurance Policy Proposal Form

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Trade Credit Insurance Policy. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE:

Intermediary Name: _____ Intermediary Code: _____

Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

Proposer

Name: _____

Registered Number: _____

Address: _____

Post Code: _____

Website address: _____

Contact name: _____

Position: _____

Tel. No.: _____

E-mail: _____

CKYC Number (if available) _____

Is cover required for any other group company? Yes No

If yes, please provide details: _____

Reasons for seeking credit insurance: _____

Proposer's Business Activities

Do you act as agent or principal? _____

What goods /services do you sell? _____

To which trade sector do you sell them? _____

Do you manufacture the goods that you sell? Yes No

What is the period from date of contract to date of shipment? _____

Do you have a written supply contracts with your Buyers? _____

Do you hold Retention of Title (ROT) rights? _____

Please comment on enforceability prospects of ROT rights & the resale value of your products:

Details of any collateral other than ROT held in respect of your Buyers:

Is your business seasonal? Yes No

If yes, please provide details: _____

What are your normal terms of payment? _____

What extended terms of payment do you sell on? _____

What proportion of your sales are on extended terms? _____

What is your average Days' Sales Outstanding? _____

Do you require any special features of cover (e.g. consignment stock; binding contracts, work-in-progress, self-billing etc.)?

Past Experience

Currency: _____

Financial Year	Turnover*	Losses**	Recoveries**	Number of losses

* Please exclude VAT (unless it is to be covered by the policy, is so, please advise reasons), inter-company trading, any trading conducted on secure terms or other non-insurable items.

** Please provide details of losses and recoveries incurred net of VAT; recoveries to include items such as ROT but not credit insurance claim payments;

Please provide details of largest individual losses:

Financial Year	Name of Buyer	Cause of Loss	Value*	Recoveries*
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* Please provide details of losses and recoveries incurred net of VAT; recoveries to include items such as ROT but not credit insurance claim payments;

Accounts Receivable Balances

Currency: _____

As at last:

31 March _____ 30 June _____

30 September _____ 31 December _____

Current Aged Debt Analysis

As at: _____ Currency: _____

Range	Value	% of Past Due resulting from Disputes
Current (not yet due)		
1-30 days overdue		
31-60 days overdue		
61-90 days overdue		
Over 90 days overdue		
Total		

Accounts Receivable Profile

As at: _____

Currency: _____

Please amend the debtor ranges if appropriate.

Please continue on a separate sheet if necessary

Principal Buyers

Currency: _____

Name & address	Registered number or equivalent	Credit required	Limit	Annual turnover	Terms of payment
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Please continue on a separate sheet if necessary

List of Buyers more than 60 days overdue, accounts giving cause for concern and/or where deliveries have been stopped

As at: _____ Currency: _____

Name & address	Amount outstanding	Original due date	Action taken

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this _____ application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)
- | | | |
|------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> High Net Worth Individual/s | <input type="checkbox"/> Non-Residential Indian/s | <input type="checkbox"/> Politically Exposed Person/s |
| <input type="checkbox"/> Jeweller/s | <input type="checkbox"/> Non-Governmental Organization | <input type="checkbox"/> Film Actor/s |
| <input type="checkbox"/> Producer/s | | |
- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-
The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

For Intermediary Use Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of

material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature _____

ANTI MONEY LAUNDERING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

