



**Chubb Global Markets**

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**Chubb.com**

# Proposal Form – Credit Complete

For Chubb use only:

Date received:

Reference number:

## Applicant's details

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Company Name:

Registered Number:

Contact name:

Position:

Address:

Postcode:

Website:

Email:

Is cover required for any other group company?

Yes

No

If yes, please provide full details:

## Business Activities

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In your business do you act as an agent or principal?

What kind of goods / services do you sell?

To which trade sector do you sell?

Do you manufacture the goods that you sell?

Yes

No

If no, please provide details:

What are your minimum and maximum terms of payment?

## Existing Trade Credit Insurance Policy

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Name of Current Insurer:

Number of years insured?

Copy of current policy wording attached?

Yes

No

If not, please provide the following:

Premium Rate

Policy Period

Deductible

Indemnity

Policy limit:

Annual premium

Have you had any Credit Insurance Claims rejected in the past?

Yes

No

If Yes, Please provide details

**Past Experience** (please state currency)

Europe		Primary premium	Turnover	Losses (net of Tax/VAT)	Largest individual loss	No. of losses
Month	Year					

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**Top 10 Buyers requiring Credit Complete cover** (please state currency)

Registered name	Registered address	Required Credit Limit	Current Credit Insurance Limit	Required Credit Complete Limit
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**1**

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**2**

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**3**

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**4**

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**5**

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**6**

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**7**

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**8**

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**9**

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**10**

**Sanctions**

Do you currently trade with any Buyers, individuals or Buyer Countries that are subject to US, EU or UK Sanctions? Yes      No

If Yes, Please provide details

Do you carry out checks on your Buyers to ensure that they are not subject to and US, EU or UK Sanctions? Yes      No

## Declaration

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On behalf of the Applicant, I declare that:

I have made a fair presentation of the risk in a clear and accessible way after making a reasonable search of information available to the Applicant (including information held by third parties) by disclosing all material matters which the Applicant knows or ought to know.

To the best of my knowledge and belief, the statements set out in the this Credit Procedures Questionnaire and the presentation of the risk are true and complete and that I am not aware of any circumstances that I have not disclosed to you which might influence your assessment of the risk.

Name of Signatory

Position in company

Signature

Date

For and on behalf of:

When you have completed and signed this form, please forward it to:

### Trade Credit

Chubb Global Markets  
100 Leadenhall Street  
London EC3A 3BP

**trade.credit@chubb.com**

Please be informed and inform your customers that Chubb uses the personal information which you supply to us for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available at **www.chubb.com**.



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