



BUSINESS CREDIT SHIELD (EXPORT RISKS) PROPOSAL FORM

1.0 DETAILS OF THE PROPOSER:							
1.1	Company Name						
1.2	Address						
1.3	Date of formation		Reg. No.				
1.4	Website Address		E-mail				
1.5	Contact Person		Designation				
1.6	Telephone no.		Fax No.				
1.7	Nature of business						
1.8	Name & address of Banker						
1.9	All data are as of last FY date						
1.10	All amts are in Rs.(lac, crore...)						
2.0 DETAILS OF TURNOVER:							
2.1	Projected Export Turnover for the current financial year from _____ to _____						
2.2	Projected Insurable Export Turnover (excluding cash sales /sales to Govt. bodies & associates/ LC sales-optional) for current FY from _____ to _____						
2.3	Total no. of buyers to be covered under turnover mentioned in 2.2						
3.0 PAST TRADING EXPERIENCE: (For last five years from the date in point 1.9)							
Year	Turnover	Credit Sales	Bad Debts				
			Nos.	Total amt	Amount recovered	Name of largest debtor	Amt of largest bad debt
In event of abnormal loss, explanation of circumstances may be attached in a separate sheet.							
4. DISTRIBUTION OF DEBTORS: [As of point 1.9]							
Debt Range Amt. (A)		No. of debtors (B)	Total amt o/s (C)		Amount o/s as a% of Total:		
					Turnover (D)*	Debtor Balance (E)**	
Under _____							
_____ to _____							
_____ to _____							
_____ to _____							
_____ to _____							
Over _____							
TOTAL							
*(D) = Amt in C x 100/Amt. in point 2.2				** (E) = Amt in C x 100/ Total of C			
5. QUARTERLY DEBTOR BALANCE ENDING AS ON: (Either provide quarterly debtor balance for 4 quarters ending last completed quarter or for 4 quarters of the last financial year)							
Previous 31st March		Previous 31st Dec		Previous 30th Sept		Previous 30th June	
6. AGEWISE DEBTOR ANALYSIS AS ON (DATE): (Please State Amounts)							
Current not due (A)	1-30 days overdue (B)	31-60 days overdue (C)	61-90 days overdue (D)	>90 days overdue (E)			
7. TERMS OF PAYMENT (State terms of payment of invoices submitted to buyers as percentage of turnover)							
No. of days from		Invoice date <input type="checkbox"/> AWB/BL date <input type="checkbox"/> Others(specify) _____ <input type="checkbox"/>					
CAD/DP _____ %	30 days _____ %	60 days _____ %	90 days _____ %	120 days _____ %	Other _____ %		

8. DEFAULTING BUYERS (Please give buyer-wise details of overdues > 90 days, as on date in para 6.)					
Name	Total Amt. o/s	Due date of earliest invoice	Action type being taken	Amt of debt in dispute	
1					
2					
3					
4					
5					
6					
TOTAL (Please attach separate sheet if required)		*	NA	NA	
* Total under this column should tally with amt in para 6 (E).					
9. DETAILS OF TURNOVER BY COUNTRIES (Please provide details as per Annexure 1 attached)					
Country	Turnover Rs.	Normal terms of payment including credit period	Maximum Exposure at any time Rs.		
10. DETAILS OF BUYERS (Please give details as per Annexure 2 attached.)					
Name and address (Please give complete address with pin code and contact nos. like telephone, fax, E-mail)	Turnover Amt.	Normal terms of payment including credit period	Max amt of Exposure experienced at any time	Amt of Credit limit required	Details of security held & amt.
11.0 CREDIT MANAGEMENT					
11.1 Who is responsible for credit control?	Name:		Designation:		
11.2 How many days after due date do you	No. of days		Who has authority to take action		
11.2.1 Stop further supplies					
11.2.2 take collection action					
11.2.3take legal action					
11.3 Please attach a copy of your Credit Management Manual, if available.					
12.0 GENERAL INFORMATION					
12.1) Do you require Political risk cover?			YES/NO		
12.2) Do you require cover for public/Govt. buyers? (Please give details)			YES/NO		
12.3) Do you have a credit insurance policy? (Please give details)			YES/NO		
12.4) Please attach copies of your audited accounts for last 3 years.					
12.5) Please attach copy/ies of Specimen invoice/s.					
13. DECLARATION:					
<p>We declare and warrant that the information given by us on this form and any attachment is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in fixing the premium and accepting the risk.</p> <p>We shall disclose to you all material facts and circumstances and act with utmost good faith at all times. This proposal forms the basis of the contract of insurance and, in the event of any answer or declaration proving untrue, the contract shall be void at the company's option.</p>					
For and on behalf of:					
Signature:			Date:		
Name:			Designation:		

Rs. in _____

9. DETAILS OF TURNOVER BY COUNTRIES			
Country	Turnover Amt	Normal terms of payment including credit period	Maximum Exposure at any time Amt

ANNEXURE-2

Rs. in _____

10. DETAILS OF BUYERS: (Please give list of major buyers only if number exceeds 25)					
Name and address (Please give complete address with pin code and contact nos. like telephone, fax. E-mail)	Turnover Amt	Normal terms of payment including credit period	Max amt of Exposure at any time Rs.	Amt of Credit limit required	Details of security held & amt