



TRADE CREDIT RISK PROTECTION - APPLICATION

APPLICANT INFORMATION

Company Full Legal Name:			
Company D-U-N-S Number:			
Company Address:			
City/Province:		Postal Code:	
Contact Name:		Contact Title:	
Telephone:		Email:	

DESCRIPTION OF ACTIVITIES

Your Business: Manufacturer Wholesaler Retail Other (specify):

Products and/or services to be covered:

Markets to be insured: Canada United States Export

Do you manufacture tailor made products? Yes No

What % of your annual sales is from tailor made products?

Years in business:

FORECAST SALES FOR THE NEXT 12 MONTHS BY REGION

	Canada	United States	Export
Total company sales for the next 12 Months:			
Total number of active accounts on A/R:			

HISTORICAL BAD DEBTS – TOTAL 5 PAST YEARS

Bad Debts / Total (\$)	
Bad Debts / Number	

TERMS OF SALES

	Canada	United States	Export
Standard terms of sales			
Days sales outstanding (DSO)			
Longest terms of sales			
% of sales under longest terms of sales			

MAJOR BUYERS – PRELIMINARY BUYER ANALYSIS

	Name	Complete Address	Phone Number	Limit Required (\$)
1.				
2.				
3.				
4.				
5.				

AFFILIATED COMPANIES

Do you require coverage on sales made by affiliated/related companies? Yes No

INFORMATION

In what currency do you wish to review coverage and pricing? CAD USD

In what language would you prefer communication and policy terms? French English

DECLARATION

As a basis for the policy hereby applied for, and for any Policy of Credit Insurance, which may hereafter be issued to us, we warrant that the information provided in this application is correct and no relevant information has been withheld. Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer or any other person, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. This application and said policy if issued shall, with the terms and conditions therein, constitute the entire agreement between the undersigned and the insurer, any verbal or written statement, promise or agreement, by any agent of a respective insurer, or notice to or knowledge of such agent or any other person, to the contrary notwithstanding. It is also agreed that this application, whether as respects anything contained therein or omitted there from has been made, prepared and written by the applicant or by his own proper agent. In case there may occur any changes regarding information provided in this form between its submission and the issuing of the respective insurance policy, we will, without undue delay, notify BFL CANADA Risk and Insurance Inc. **Completion and filing of this online application does not constitute coverage and is for preliminary purposes only. It is understood that further information may be required by insurers in order to confirm coverage, pricing and overall policy structure.**

Signing of this Application **does not** obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all information submitted to or requested by the Insurer in conjunction with this Application is hereby incorporated by reference into this Application and made a part thereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all information submitted to or requested by the Insurer in conjunction with this Application is the basis of and is deemed attached and incorporated into any policy effected pursuant to this Application. Applicant's acceptance of company quotation is required prior to binding coverage and policy issuance.

Material Change Disclosure and False Information

In addition to providing all basic information necessary to enable us to place the risk and/or completing this Application, you must ensure that you are complying with your legal duty to disclose all changes relevant to the risk, including any change occurring after completion of this Application and throughout the policy term, which might affect the Insurer's decisions as to coverage and premium. Please be aware that if you do not disclose all such information, Insurers may have the right to void the policy in its entirety from its inception, or sections thereof, which may lead to claims not being covered.

Please ensure that all information provided is accurate and complete, as it relates to the risk, whether favourable or not. Any person who files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company commits a fraudulent act.

I have read and understood the above

► Applicant's (CLICK BOX which confirms above and submitted info)

DECLARATION AND SIGNATURE

By confirming and clicking below the applicant certifies that the statements, facts and data provided in this application form are accurate and complete in representing the nature of the risk and that no information has been withheld or misstated. By clicking below you also give your consent to receive communications, either by phone or email by BFL CANADA in order to provide information, marketing material and also preliminary quote information.

► Applicant's (SUBMIT BUTTON, conditional to all required fields being filled)