

# Credit Insurance Questionnaire

financialandcredit



insurance services limited

Use this form to apply for a no-obligation credit insurance quote.

How to fill in this form

## By hand

- ✓ Complete the entire form using black ink and block capitals
- ✓ Mark your answers, where applicable, with an 'x' like this Sign ✕
- ✓ and date the declaration at the end
- ✓ Return it by post: Financial & Credit Insurance Services Ltd, 80 Granville Road, Sevenoaks, Kent TN13 1HA
- ✓ Return it by email: Scan your completed form and send it to us at quotes@fincred.co.uk

## On screen

- ✓ Type directly into the response boxes
- ✓ Tick the box in Section 4 to agree to the declaration
- ✓ Attach your completed PDF and send it to us at quotes@fincred.co.uk

Questions?

call  
01732 749 750

visit  
fincred.co.uk



## 1 Company details

Company name

Address

  

Postcode:

Website

Company registration number

VAT registration number

Company formation date

D	D	M	M	Y	Y	Y	Y
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Contact

Name:

Position:

Telephone:

Email:

What is the nature of the business?

In what capacity do you act?

For example, manufacturer, importer, agent etc.

Which trade sectors do you sell in?

Who do you currently use for third party debt collection/legal action?

## 2 Financial details

Which currency are you using to complete this form?

What is your estimated insurable turnover?

Excluding non-credit sales, sales to associated companies and sales to the UK government/public sector

Country of trade	Annual turnover (excluding VAT)	Approximate number of accounts	Normal/maximum payment terms

What is your last five years trading experience?

Financial year ending	Turnover (excluding VAT)	Net total of bad debt losses	Number of losses	Amount of largest individual loss	Name of largest individual loss
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M M Y Y Y Y					
M M Y Y Y Y					
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M M Y Y Y Y					

What is your invoicing deadline?

This is the normal and maximum period between the date of dispatch of your goods/services and the date of your invoice

Who do you currently purchase credit status information from?

When does your credit status subscription expire?

D	D	M	M	Y	Y	Y	Y
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Are you currently insured for credit risks?

 Yes  No

Insurance company name:								
Renewal date:	D	D	M	M	Y	Y	Y	Y

Do you have an invoice discounting or factoring arrangement?

 Yes  No

Company name:	
Anniversary date/notice period:	

Are there any seasonal peaks in your business?

 Yes  No

Please give details:	
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Do you have consignment of stock?

 Yes  No

Please give details:	
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### 3 Your customers continued

#### How are your debtors distributed?

Alternatively, you can send us an aged debtor schedule with your questionnaire and we can complete this section for you

Debt	Number of debtors	Debtor balance (%)	Debt	Number of debtors	Debtor balance (%)
0-500			25,001-50,000		
501-1,000			50,001-100,000		
1,001-2,500			100,001-250,000		
2,501-5,000			250,001-500,000		
5,001-10,000			Over 500,000		
10,001-25,000			<b>Total</b>		

#### What is your total debtor balance for each of the dates below?

31 March:	30 September:
30 June:	31 December:

#### What is your current total debtor balance?

#### Do you have any seriously overdue accounts?

If you need more space, please copy this page

 Yes  No

Customer name	Address/Registration number	Total amount outstanding	Due date	Action taken

### 4 Your declaration

It is a legal requirement that anyone seeking an insurance policy must disclose any information that might influence the insurers in fixing premiums or determining whether to accept the risk. Under English law, failure to do so may entitle insurers to void cover from inception and seek repayment of any paid claims. If you are in any doubt as to whether information is material, you should disclose it.

We hereby confirm that this information is accurate to the best of our knowledge and we authorise you to approach the insurance market on our behalf.

If you are completing this form on screen, please mark here to agree to this declaration

Signed (paper applications only):	Name:							
	Position:							
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