

Trade Credit request to quote

Comprehensive debtor policy

Please return this completed form and all required supporting documentation to tradecredit@hollard.co.za. We will provide a quotation within 4 working days (domestic policies) and 10 working days (export policies).

Note: This is an electronically editable PDF document allowing for ease of completion.

1. Broker details

Broker name

Contact person at the broker

2. Client details and description

Client details

Registered name of the proposed insured

Registration number VAT number

Co-insureds

Name(s) of co-insured Registration number

Registration number

Structure of quotation required

Would you like to insure All approved debtors

Only approved debtors over a certain limit. State minimum insured limit R

A selection of debtors. Indicate the selection on the debtor's ageing to be provided

Would you like your premiums to be calculated on Turnover Outstanding balances

A fixed monthly premium

Do you want to add in an annual retention limit Yes No If so, R

Operating activities

Accommodation Agriculture Construction Energy Electronics

Government Manufacturing Mining Retail Services (Financial)

Services (Other) Steel Transportation Wholesalers Other

If other, please specify

Sic code sectors

Description of goods sold or services rendered

3. Credit management

Do you have a written contract of sale with your debtors? Yes No

Are credit limits managed and adhered to on a system? Yes No

How soon after due date would you place a debtor on "stop" supply days past due date

Are you currently insured? Yes No

If yes, please state the current insurer

Reason for requesting a quotation

Have you or any of your subsidiaries or associated companies ever had a credit insurance policy cancelled or renewal refused by an insurer? Yes No

If yes, please specify

4. Please attach the following documentation to this application

Latest debtor's ageing in MS Excel or Numbers for Mac Yes No

Latest Signed Annual Financial Statements Yes No

Credit application template Yes No

Claims history report (if currently insured) Yes No

5. Domestic turnover and bad debt analysis

Domestic turnover analysis

VAT inclusive VAT exclusive Number of active domestic debtors

	Forecast for current financial year	Last year ending dd/mm/yyyy	Prior year ending dd/mm/yyyy-1	Prior year ending dd/mm/yyyy-2
Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit sales	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Cash sales	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Consignment stock	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Sales to associated companies	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total (Rand)	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>

Bad debt and claim breakdown

Note: Please give details of your previous bad debt history per financial year. These figures should not include VAT and trade credit insurance claims should be reported separately.

	Forecast for current financial year	Last year ending dd/mm/yyyy	Prior year ending dd/mm/yyyy-1	Prior year ending dd/mm/yyyy-2
Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total bad debt (including provision)	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total insurance claims (including notifications)	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Number of losses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value of largest loss	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Reason for largest loss	<input type="text"/>			

What are your normal terms of payment? (Select correct option) <30 days 30 days 60 days 90 days

Other (please specify)

What are your maximum terms of payment? (Select correct option) <30 days 30 days 60 days 90 days

Other (please specify)

Do you have special terms granted outside of the scope of your normal terms? Yes No

If so, specify

Please indicate whether your terms are from: Statement Invoice

Other (please specify)

How many days from when goods are delivered or services performed do you raise an invoice?

What is your average 'Days Sales Outstanding' (DSO) Financial year-end

6. Export turnover and bad debt analysis

Export turnover analysis

VAT inclusive VAT exclusive Number of active export debtors

Countries you export to

	Forecast for current financial year	Last year ending dd/mm/yyyy	Prior year ending dd/mm/yyyy-1	Prior year ending dd/mm/yyyy-2
Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit sales	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Cash sales	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Consignment stock	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Sales to associated companies	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total (Rand)	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>

Bad debt and claim breakdown

Note: Please give details of your previous bad debt history per financial year. These figures should not include VAT and trade credit insurance claims should be reported separately.

	Forecast for current financial year	Last year ending dd/mm/yyyy	Prior year ending dd/mm/yyyy-1	Prior year ending dd/mm/yyyy-2
Period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total bad debt (including provision)	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total insurance claims (including notifications)	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Number of losses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value of largest loss	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>

Reason for largest loss

What are your normal terms of payment? (Select correct option) <30 days 30 days 60 days 90 days

Other (please specify)

What are your maximum terms of payment? (Select correct option) <30 days 30 days 60 days 90 days

Other (please specify)

Do you have special terms granted outside of the scope of your normal terms? Yes No

If so, specify

Please indicate whether your terms are from: Statement Invoice

Other (please specify)

How many days from when goods are delivered or services performed do you raise an invoice?

What is your average 'Days Sales Outstanding' (DSO) Financial year-end

7. Details of debtors you require indication limits on

Registered name	Registration/Trust/ ID number	Credit limit required	Terms
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/>

Do you have consent from these debtors to conduct an indication limit review?

Yes No

Please return a completed Trade Credit Request to Quote – Debtor Details Form or a completed credit application for each of these debtors.

8. Client declaration, data protection and signatures

We acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers and third parties is in the public interest as it enables insurers to underwrite policies, assess risks fairly, to reduce the incidence of fraudulent claims with a view to limiting premiums and to conduct surveys. On our behalf and on the behalf of any person we represent herein, we hereby waive our rights to privacy with regard to underwriting or claims information (including credit information) that we provide or that is provided by another person on our behalf in respect of any insurance policy or claim made or lodged by me. We acknowledge that the insurance information provided by us may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of our policy or the meeting of any claims we may submit. We consent to such information being processed and disclosed to any other insurance company or its third parties. We acknowledge that the information may be verified against legally recognised sources or databases. We agree that this proposal shall be the basis of the contract between Hollard and ourselves. We will accept Hollard's standard policy. We understand that this insurance will not commence until this proposal has been accepted by Hollard. If you are unable to sign this declaration without qualification, please give your reasons here:

We declare that to the best of our knowledge/belief, the statements and particulars given in this form are true and complete and that no material facts that are likely to influence the acceptance and assessment of your insurance have been withheld. If you are in any doubt as to whether a fact is material, you should disclose it. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided, and any claim submitted to us would then not be dealt with.

Authorised signature	<input type="text"/>	Date	<input type="text"/>
Full name	<input type="text"/>	Designation	<input type="text"/>

It is recommended that you keep a copy of this application form and all other information supplied for record purposes.

Hollard.