

## TRADE CREDIT REQUEST TO QUOTE – COMPREHENSIVE DEBTOR POLICY

Please return this completed form and all required supporting documentation to [tradecredit@hollard.co.za](mailto: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 \_\_\_\_\_

### 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

Type of quotation required	Comprehensive selected	Comprehensive selected with credit management
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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	Limit	Turnover	Outstanding balances	A fixed monthly premium
	Do you want to add in an annual retention limit	Yes	No	If so, R _____

#### Operating activities

Within which trade sector do you operate: (Select the correct option box and SIC code using the drop down option below)

Government      Wholesalers      Retailers      Manufacturer      Contractors      Distributors

Confirming houses      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. DOMESTIC TURNOVER AND BAD DEBT ANALYSIS

### Domestic turnover analysis

Period	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
Credit sales	R	R	R	R
Cash sales	R	R	R	R
Consignment stock	R	R		R
Sales to associated companies	R	R	R	R
Total (Rand)	R	R	R	R

### 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.

Period	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
Total bad debt (including provision)	R	R	R	R
Total insurance claims (including notifications)	R	R	R	R
Number of losses				
Value of largest loss	R	R	R	R
Reason for largest loss				

What are your normal terms of payment: (Select correct option below)

< 30 days                      30 days                      60 days                      90 days

Other (please specify) \_\_\_\_\_

What are your maximum terms of payment: (Select correct option below)

< 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. DETAILS OF DEBTORS YOU REQUIRE LIMITS ON

Registered name	Registration/Trust/ ID number	Credit limit required	Terms
_____	_____	R	_____
_____	_____	R	_____
_____	_____	R	_____
_____	_____	R	_____
_____	_____	R	_____

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.

A cost of R100 (excluding VAT) will be levied on each request.

## 7. PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION

Latest debtor's ageing in MS Excel or Numbers for Mac	Yes	No
Latest audited financials	Yes	No
Credit application template	Yes	No
Claims history report (if currently insured)	Yes	No

## 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 \_\_\_\_\_ Date \_\_\_\_\_  
 Full name \_\_\_\_\_ Designation \_\_\_\_\_

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