



DEBTOR INSURANCE APPLICATION FORM

Please advise your preferred start date for Policy (if known) / /

This cover is not automatically issued when the proposal form is completed. Cover is effective when there is agreement on credit limits and a Policy Schedule has been issued.

1. Name and address of applicant

Company name(s) (correct legal entity (ies))								
ABN, ACN or other Registration No. (if applicable)								
Postal Address					State		Pcode	
					State		Pcode	
Physical Address					State		Pcode	
					State		Pcode	
Contact number(s)	Tele	()	Fax	()				
Email								

2. Nature of your business

Please give an accurate description of your trade and the goods / services sold.
To what trade sector(s) are they sold?
How long have you been trading in this sector?

3. Turnover, terms of payment and number of accounts

Estimated annual turnover of Trade Credit sales (see note)	\$	Note: All figure, where possible should exclude the value of deliveries to and/or work with associated and subsidiary companies, government departments, GST, retention monies, cash sales ad sales to the public.
Approximate number of active accounts		
Terms of payment		
If special terms of payment apply to any accounts please give details in section 4.		

4. Special terms of payment and contracts

Do you have any special terms of payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		

5. Past Experience						
Financial year ending	Turnover (excl. GST)	Total bad debts	Net bad debt losses	No of loss	List your 2 largest bad debts per year	And customer name
					1.	
					2.	
					1.	
					2.	
Financial year to date					1.	
					2.	

6. Overdue Accounts			
Note: This section need only be completed if you have any accounts which are either overdue beyond 90 days from end of month of delivery of goods/service, or causing anxiety or financial difficulties. If none, state 'None'			
Name and address	Amount outstanding	Original due date	Action Taken

7. Policies, guarantees and/or securities held or applied for				
If you at present hold or are currently negotiation any of the following in connection with the credit risk on any of your customers, please X the boxes and provide additional information as requested.				
Policy of insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	With		Expiry date
Factoring arrangement or invoice discounting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide copy of agreement		
Personal guarantees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide list		
Retention of title to goods (Romalpa Type)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide copy		
Other securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide list		

8. Customers to be insured
Please list customers to be insured on attached sheet (minimum 2 – maximum 10)

9. Assessment of your customers' credit worthiness			
If 'Yes', please give name and address of agencies used and type of reports obtained			
By mercantile agency reports	<input type="checkbox"/> Yes <input type="checkbox"/> No		
By trade references	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who in your company is responsible for compliance with the credit management procedures adopted?			
Name:		Position:	
If credit management is not centralised at address on page 1, please give details here:			
		State:	
		Pcode	

9. Assessment of your customers' credit worthiness (continued)

Are any of the following procedures used for overdue accounts?

Reminder by telephone or fax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', how many days after due date is contact made?	
Reminder(s) in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', how many days after due date are letters sent?	
Stop Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', how many days after due date is credit stopped?	
Legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how many days after due date are solicitors instructed?	
Use of collection agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how many days after due date are they instructed?	
Name of collection agency used			

10. Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty of disclosure under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require the disclosure of a matter that:

- (a) Diminishes the risk to be taken by us;
- (b) Is of common knowledge;
- (c) We know or, in the ordinary course of our business, ought to know; or
- (d) We say does not matter to us.

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we also have the option of avoiding the contract from its beginning.

Co-Insurance

Our Policy operates on the principle of co-insurance. This means that you will be considered your own insurer for:

- (a) An agreed percentage of any loss you may suffer;
- (b) So much of any indebtedness owing to you as exceeds the Permitted Limited; and
- (c) Any deductions applicable to your Policy

11. Privacy

For information on how Finlease manages your personal information please visit www.finlease.com.au/privacypolicy/index

11. Signature & Declaration

We declare that we have read and understood the notifications above and that the information given on this form (including any additional lists, forms, schedules or attachments) is to the best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed which might affect your decision whether to accept the risk. We further declare that none of the customers is a subsidiary or associated company of ours and that we have no interest, direct or indirect, in any of the customers.

Company stamp or full name of company (ies)

Name of signatory:		Position in company:	
Signature			
Email		Date	

12. Broker / Agent

Contact Name	Jackie Mitchell	Email	jmittell@finlease.com.au
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QStart
ATTACHMENT TO PROPOSAL FORM
Customer to be insured (minimum of 2 – maximum of 10)

Name and Address (Include ABN, CAN or other Registration No.)	Credit Limit Required	Annual Credit Turnover with Customer	Remarks (e.g. non-standard payment terms)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			