

INVENTORY

MODINT BRANCHE POLICY

Would you like to receive a quotation for a trade credit insurance?
Please fill in this form completely.

1. APPLICANT DETAILS

Company name	<input type="text"/>	Registration no	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
ZIP Code	<input type="text"/>	Place	<input type="text"/>
Contact person	Mr. <input type="text"/> Mrs. <input type="text"/> First name <input type="text"/>	Surname	<input type="text"/>
Position	<input type="text"/>		
Email	<input type="text"/>	Website	<input type="text"/>

2. GENERAL INFORMATION

Please describe your business activities

Is your company already credit insured? Yes No

Insurance company Policy expiration date

Are there affiliates that you would like to co-insure?

Add an attachment containing the company name, name and address details, country, registration number and turnover.

3. TURNOVER DETAILS (Excl. private individuals, government, intercompany and cash payments)

Current year and most important countries

	Country	Turnover	No. of debtors	Most used payment condition	Longest payment condition
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Days Sales Outstanding (average number of days it takes to get an invoice paid)

No. of days

Turnover forecast for the coming year (Excl. private individuals, government, intercompany and cash payments)

Domestic Export

Turnover last years (Excl. private individuals, government, intercompany and cash payments)

Last year Domestic Export

2 Years ago Domestic Export

4. PRINCIPAL BUYERS

	Company name	Name & address details	Registration number	Maximum outstanding
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. DEBTOR ANALYSES

Average outstanding balance per debtor	Number of debtors	Total outstanding
0 < 5.000	<input type="text"/>	<input type="text"/>
> 5000 < 15.000	<input type="text"/>	<input type="text"/>
> 15.000 < 25.000	<input type="text"/>	<input type="text"/>
> 25.000 < 50.000	<input type="text"/>	<input type="text"/>
> 50.000 < 100.000	<input type="text"/>	<input type="text"/>
> 100.000 < 500.000	<input type="text"/>	<input type="text"/>
> 500.000	<input type="text"/>	<input type="text"/>

6. LOSS OF DEBTORS INCLUDING LOSSES ANY OF CO-INSURED COMPANIES*

	Number of losses	Total amount in EUR	Largest loss in EUR	Debtor details largest loss
Current year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Years ago	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Years ago	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Years ago	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Add a specification of your debtor losses including name and address details

7. CURRENT OUTSTANDING DOUBTFUL RECEIVABLES*

Company name	Country	Registration number	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If you have more doubtful outstanding claims, add an attachment

8. PRE-SHIPMENT RISK (custom goods / specific costs incurred for delivery)

How many months is the period that you actually incur costs

Average lead time months
Maximum lead time months
Cost period months

9. SIGNATURE

All information has been entered completely and truthfully

Contact person Mr. Mrs. First name Sure name
Position
Place Date
Signature

SAVE FORM

PRINT FORM

INFO@MODINTCREDIT.COM