

1. Company details

Company name		Company register number	
Business address (street, no.)		EU VAT number	
Postcode	Town/city	Contact person	
Address for correspondence		Position	
Postcode	Town/city	Company's main activities	
Telephone	Fax	NACE Code	
E-mail			
Bank account number			

2. Details of turnover and customers**2.1. Do you wish to insure the turnover of affiliated companies?**

The turnover of affiliated companies is normally covered under the policy, please therefore state the consolidated figures in tEUR. State the names, the company register numbers and the business location of affiliated companies on a separate sheet if necessary and enclose the sheet with this form.

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Name affiliated company	Company register no.
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Amounts in EUR**2.2. Please state the company's total domestic (incl. VAT) and export turnover.**

	Domestic gross (EUR)	Export net (EUR)	Total (EUR)
Next 12 months plan			
Current year planned 201_			
Previous year 201_			
2 years ago			
3 years ago			

2.3. Breakdown of the company's expected turnover in the current year, number of buyers.*

Country	No. of buyers	Turnover
1.		
1.		
3.		
4.		
5.		
6.		
7.		

* If your company exports to more countries, please continue on a separate sheet.

2.4. The total of your overdue and non-overdue outstanding trade receivables at the end of the last four quarters.

31-03-201_	30-06-201_	30-09-201_	31-12-201_

2.5. Age debt analysis of current outstanding trade receivables as of (date):

Not yet due	1-30 days overdue	30-60 days overdue
More than 90 days overdue	Total	

2.6. Debt analysis by size as of (date):

Total of overdue and non-overdue outstanding trade receivables

Outstanding (EUR)	No. of debtors	Total outstanding amount per category
0-1.000		
1.001 – 5.000		
5.001 – 10.000		
10.001 – 40.000		
40.001 -100.000		
100.001 - 300.000		
300.001 - 1.000.000		
1.000.001-		

2.7. Distribution of your buyers:

	No. of buyers	% of turnover
Construction		%
Machine engineering-steel		%
Food-agriculture		%
Chemical industry		%
Electronics-IT		%
Retail		%
Wholesale		%
Other		%
Total		100%

2.8. Non insurable turnover:

	No. of buyers	Turnover
Public sector		
Private person		
Intercompany		
Cash/prepayment/advance payment		
Bank guarantee-letter of credit		
Other guarantee		
Type of other guarantee		
Total		

2.9. Bad debt losses (gross) resulting from suspension of payment, compulsory liquidation or a scheme of arrangement according to the year of the formation.

	No. of debtors	Total loss	Largest single lossitem	Name and address of debtor
Current year 201_:				
Losses and more than 180 days overdue outstanding				
Previous year 201_:				
2 years ago:				
3 years ago:				

2.10. Detailed information about the bad debt losses and more than 180 days overdue outstanding over 5.000,-EUR.*

* If the number of your bad debt losses is more than five please indicate these on a separate sheet.

Company name	VAT no.	Amount of bad debt loss	Indemnification paid by the insurance company	Date of formation of the receivable	Disputed receivable?

2.11. How do you presently manage your debt portfolio?

Provision for doubtful debtors	<input type="checkbox"/>	Factoring Factoring company	<input type="checkbox"/>
Debt collection agency	<input type="checkbox"/>	Credit insurance	<input type="checkbox"/>
Credit information	<input type="checkbox"/>	Credit insurer	
Retention of title	<input type="checkbox"/>	Contract due date contract	
Guarantee of third party	<input type="checkbox"/>	Other:	
Assignment	<input type="checkbox"/>		

2.12. Average days of payment performance (DSO) days

DSO= average outstanding of the insured buyers / yearly turnover of the insured buyers * 365 days

2.13. Longest agreed payment term: days

2.14. Any other information that may be relevant to assessment of the risk.

3. Signature

We declare that we have answered the questions above truthfully and fully and that we have not withheld any information that could be important to Atradius (Atradius Credit Insurance N.V.). If we instruct Atradius to draw up a policy, insurance cover will be provided on the reliance of the above information.

Place

Name

Date

Signature

Please return the form to the following Email Address: versicherung.kredit@atradius.com

Atradius Kreditversicherung
Vienna DC Tower 1
Donau-City-Straße 7
A-1220 Wien
Tel. +43(1)813 03 13
versicherung.kredit@atradius.com
www.atradius.at