



\_\_\_\_\_

\_\_\_\_\_

11. Will any shipments be made by you or any of your subsidiaries or affiliates listed above in item 11 from countries other than the United States?

Yes  No  If Yes, please explain \_\_\_\_\_

12. a) Sales made during the last three years and projected for the next twelve months:

Year	Domestic		Foreign	
	Cash in Advance	All Other Credit Terms	LC & Cash in Advance	All Other Credit Terms
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Next 12 Months	\$ _____	\$ _____	\$ _____	\$ _____

b) Maximum amount of receivables expected to be outstanding at any one time during the next twelve months:

Domestic: \$ \_\_\_\_\_ Foreign: \$ \_\_\_\_\_

13. Credit Limit projections by buyer (projected for next 12 months):

Number of Domestic Buyers in Range	Credit Limit	Number of Foreign Buyers in Range
_____	\$ 0 - \$5,000	_____
_____	5,001 - 25,000	_____
_____	25,001 - 50,000	_____
_____	50,001 - 75,000	_____
_____	75,001 - 100,000	_____
_____	100,001 - 300,000	_____
_____	300,001 - 500,000	_____
_____	500,001 - 1,000,000	_____
_____	Over 1,000,000	_____
_____	Total	_____

14. Domestic Sales and Losses:

a) Please list your five largest buyers (based upon high credit limits):

Buyer Name/City/State	Prior Year Shipment Volume	Payment Term	Credit Limit Needed
A) _____	\$ _____	_____	\$ _____

B) \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
 C) \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
 D) \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
 E) \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

b) Total domestic receivables presently outstanding:

\$ \_\_\_\_\_ as of \_\_\_\_\_ (Date)

c) Total domestic receivables presently outstanding:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 1-30 Days Past Due 31-90 Days Past Due 91-180 Days Past Due 181-360 Days Past Due Over 360 Days Past Due

As an alternative to 14 b & c, you may attach a receivables aging by buyer.

d) Total number of domestic buyers past due: \_\_\_\_\_. Please attach explanation of domestic amounts past due by more than 90 days.

e) Have any domestic obligations been rescheduled during the last 12 months? Yes  No   
 If Yes, please provide details in a separate attachment.

f) Gross domestic receivables losses during the last three years:

<u>Year</u>	<u>Amount*</u>	<u>Number of Losses</u>	<u>Largest Loss</u>	<u>Causes of Loss</u>
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

\* Include any losses on which claims were paid under any other credit insurance policy, or by a factor.

15. Foreign Sales and Losses:

a) Please list your five largest buyers (based upon high credit limits):

	<u>Buyer Name/City/State</u>	<u>Prior Year Shipment Volume</u>	<u>Payment Term</u>	<u>Credit Limit Needed</u>
A)	_____	\$ _____	_____	\$ _____
B)	_____	\$ _____	_____	\$ _____
C)	_____	\$ _____	_____	\$ _____
D)	_____	\$ _____	_____	\$ _____
E)	_____	\$ _____	_____	\$ _____

b) Total foreign receivables presently outstanding:

\$ \_\_\_\_\_ as of \_\_\_\_\_ (Date)

c) Amounts past due from total foreign outstandings shown in 16b:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 1-30 Days Past Due 31-90 Days Past Due 91-180 Days Past Due 181-360 Days Past Due Over 360 Days Past Due

As an alternative to 15 b & c, you may attach a receivables aging by buyer.

d) Total number of foreign buyers past due: \_\_\_\_\_. Please attach explanation of foreign amounts past due by more than 90 days.

e) Have any foreign obligations been rescheduled during the last 12 months? Yes  No

If Yes, please provide details in a separate attachment.

f) Gross foreign receivables losses during the last three years:

<u>Year</u>	<u>Amount*</u>	<u>Number of Losses</u>	<u>Largest Loss</u>	<u>Causes of Loss</u>
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

\* Include any losses on which claims were paid under any other credit insurance policy, or by a factor.

16. Please complete the information in Appendix A for foreign sales.

17. Are you currently insuring your receivables?

Domestic receivables Yes  No  Name of insurer, if Yes \_\_\_\_\_

Foreign receivables Yes  No  Name of insurer, if Yes \_\_\_\_\_

18. a) PLEASE ATTACH THE FOLLOWING APPLICANT INFORMATION:

- Two most recent fiscal year financial statements.
- Completed Credit and Collection Procedures Questionnaire, which is attached to this application.

b) If available, please also attach descriptive product brochures which will assist in the processing of your application.

NOTICE TO APPLICANTS:

This document will be a material basis of the insurance, and it will be attached to and made a part of the policy, if quotation is made and accepted. Information submitted will be treated as confidential.

INSURANCE FRAUD WARNINGS STATEMENT: Refer to attached Notice.

CERTIFICATION OF APPLICANT TO GREAT AMERICAN INSURANCE COMPANY:

OTHER INSURANCE: The applicant will not enter into or maintain any contract of insurance or indemnity with respect to any cause of loss covered by the Policy or loss chargeable to any deductible under the policy, without the insurer's consent in writing.

REPRESENTATIONS: The applicant certifies that the representations made in this application are true, to the best of its knowledge and belief, and that it has not misrepresented or omitted any material facts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_



READ the applicable Fraud Warning Statement for the state in which your application or claim is being made before executing and submitting either attached document to the insurer or your agent.

#### **WARNINGS BY STATE**

<b>ALABAMA</b> §27-12A-20	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
<b>ALASKA</b> §21.36.380	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>ARIZONA</b> §20-466.03	For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>ARKANSAS</b> §23-66-503	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>CALIFORNIA</b> §1871.2 §1879.2	For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>COLORADO</b> §10-1-128	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>DELAWARE</b> 11§913	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>DISTRICT OF COLUMBIA</b> §22-3225.09	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

<b>FLORIDA</b> §817.234	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>IDAHO</b> §41-1331	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
<b>INDIANA</b> §27-2-16-3	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>KENTUCKY</b> §304.47-030	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>LOUISIANA</b> §40:1424	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>MAINE</b> §2186(3)(A)	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>MARYLAND</b> §27-805	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>MINNESOTA</b> §60a.955	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>NEW HAMPSHIRE</b> §402:82	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.



<b>NEW JERSEY</b> §17:33A-6	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
NJAC 11:16-1.2	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>NEW MEXICO</b> §59A-16C-8	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>NEW YORK</b> §403(d)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>OHIO</b> §3999.21	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Bulletin 92-3	H.B. 259 permits insurers to comply with the warning requirement by using an addendum to an application or claim form, as long as it is actually attached to the form and otherwise satisfies the statute's requirements. An addendum may be used indefinitely, as may stamps and stickers.
<b>OKLAHOMA</b> §3613.1	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>PENNSYLVANIA</b> §18-4117	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>RHODE ISLAND</b> §27-29-13.3	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>TENNESSEE</b> §56-53-111	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TEXAS**  
§704.002(a)

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA**  
§52-40

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON**  
§48.135.080

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WEST VIRGINIA**  
§33-41-3

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.