

GREAT AMERICAN INSURANCE COMPANY
RECEIVABLE PURCHASE CREDIT INSURANCE POLICY
APPLICATION

For the purpose of the Insurance Companies Act (Canada), this document was issued or made by Great American Insurance Company in the course of its insurance business in Canada.

All dollar amounts are considered to be stated in Canadian dollars unless the applicant specifies otherwise.

1. Name of Applicant Financial Institution: _____
Address: _____
Telephone: _____ Fax: _____ E-Mail: _____
2. Name/Address/License No. of Insurance Broker: _____

3. Has this request been declined by another insurer(s)? If yes, please provide the name(s) of the other insurer(s):

4. Name of Seller of the Receivables: _____

Address: _____
5. Seller's Products/Services: _____
6. Does your company have an existing relationship with the Seller? Yes No
If Yes, please describe (include length and type (lending, cash management, etc.) of relationship):

7. Does your company or will your company have a Purchase Agreement with the Seller? Yes No
If not, these transactions are not insurable under this policy type.
The Seller may apply to Great American for coverage under its Multibuyer policy.
8. With respect to the purchased receivables, does or will the Purchase Agreement provide for your company's receipt of (or right to receive) documents evidencing the trade transaction and your company's rights against the Buyer(s)? Yes No
9. What documents will your company have to evidence the obligations of the Buyer(s)? _____

10. Will your company be able to assign the account receivables and documents evidencing the trade transaction to the Insurer in the event of a loss? Yes No
If No, please explain: _____

11. After your company's purchase, will the Seller continue to service the receivables, including maintaining collection responsibility? Yes No
If No, please describe the collection process: _____

12. Period during which the receivables purchase will take place: _____

13. Expected frequency of receivables purchases: Monthly Quarter End Year End
 Other (please explain): _____

14. For receivables your company plans to purchase and insure, list below the Buyer(s), the Credit Limit and the payment terms (if additional space is necessary, please attach a list):

Buyer/Country	Credit Limit	Payment Terms
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. a) Do any of the Buyer(s) listed in item 14 owe sums to your company that are more than 45 days overdue? Yes No

If Yes, please explain: _____

b) Has the Seller provided your company with written representations that:

- i. there are no existing overdue sums with the Buyer(s) listed in item 14 that are in excess of 45 days? Yes No
- ii. none of the obligations being purchased have been extended or refinanced, or are expected to be refinanced, prior to your company's purchase? Yes No
- iii. none of the obligations being purchased are expected to be past due on the date of your company's purchase? Yes No

If No to any of these questions, please explain: _____

c) To your company's knowledge, have any of the Buyer(s) listed in item 14 either ceased normal operations or become the subject of any proceedings under any laws of any jurisdiction relating to bankruptcy, insolvency or relief of debt? Yes No

If Yes, please explain: _____

16. Is your company willing to accept a first loss Deductible on the Buyer risk in order to reduce the premium? If so, how much? _____

17. Please summarize your company's lending facilities and experience with the Seller over the past 2 years:

	Current Year		Prior Year	
	Facility 1	Facility 2	Facility 1	Facility 2
Type of Lending Facility	_____	_____	_____	_____
Secured or Unsecured	_____	_____	_____	_____
Size of Credit Line	_____	_____	_____	_____
Highest Amount Outstanding	_____	_____	_____	_____

18. Seller's payment history on the above facilities: no prior experience prompt pays late

19. Amount of Financings presently outstanding: _____

Amount past due (if other than zero, please explain): _____

20. Does your company have any knowledge of any circumstance which might give rise to a claim under the proposed policy? Yes No

If Yes, please describe: _____

NOTICE TO APPLICANTS:

This document will be a material basis of any insurance policy that may be issued by Great American, and it will be attached to and made a part of any such policy, if a quotation is made and accepted. Information submitted will be treated as confidential.

INSURANCE FRAUD WARNING STATEMENT: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer or any other person, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 this policy or with respect to any loss chargeable to any deductible under this policy, without the insurer's consent in writing.

REPRESENTATIONS: The undersigned officer of the applicant certifies that the warranties and representations made in this application and any appendices are true and correct, to the best of his/her knowledge and belief, and that he/she has not misrepresented or omitted any material facts. It is also agreed that this application, whether as respects anything contained herein or omitted therefrom, has been made, prepared and written by the applicant or his/her own proper designee. In case there may occur any changes regarding information provided in this form between its submission and the issuance of the respective insurance policy, the applicant will, without undue delay, notify Great American.

Signature: _____ Date: _____

Name (Print): _____ Title: _____

Company: _____

WHO TO CONTACT:

Please ask your insurance broker to submit this completed form to:

**GREAT AMERICAN INSURANCE COMPANY
125 PARK AVENUE, 14th FLOOR
NEW YORK, NY 10017
USA**