

GREAT AMERICAN INSURANCE COMPANY
COMPREHENSIVE CREDIT INSURANCE POLICY (SINGLE BUYER)
APPLICATION

Date _____

1. Name of Applicant: _____

2. Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

3. Name/Address/License No. of Insurance Agent/Broker : _____

4. Primary Reason for application (check one):

Buyer Risk Country Risk Size of Credit Limit Financing Other (explain)

5. Coverage Requested (check one):

(a) Export Credit: Commercial & Political Political Only Other (explain)

(b) Domestic Credit: Nonpayment Other (explain)

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

7. Do you currently have a credit insurance policy from another insurer? If yes, please provide the name of the other insurer and explain why this transaction cannot be insured under that other policy _____

8. Number of years applicant selling on payment terms other than CIA or letter of credit: _____

9. Buyer Name: _____

Address: _____

10. Guarantor (if any): _____

Address: _____

11. Products/Services: _____

12. Repayment Terms: _____
(if payment terms are letter of credit, specify the issuing bank)

13. Country from which the products are to be shipped and by whom: _____

14. Country to which the products are to be shipped and by whom: _____

15. What documents will you have to evidence the buyer's obligation to pay you (e.g., written purchase orders, invoices, bills of lading, drafts, etc.)? _____

16. Currency in which the buyer's obligation will be payable: _____

17. Country in which the buyer's obligation will be payable: _____

18. Period during which insured shipments will be made (maximum 12 months): _____

19. Total amount expected to be shipped to the buyer during the policy period: _____

20. Highest amount expected to be outstanding during the policy period: _____

21. Credit Limit requested: _____

22. If a policy is issued, will the amounts insured under the policy be the only amounts owed by the buyer to you? _____ If not, please explain what other obligations may be outstanding during the policy period:

23. Please describe any collateral or other security that you have or will have for either insured or uninsured obligations of the buyer (if none, please state "None"): _____

24. Summary of your credit experience with the buyer during the last three years:

Year	_____	_____	_____
Total Sales:	\$ _____	\$ _____	\$ _____
Highest Amount Outstanding:	\$ _____	\$ _____	\$ _____
Payment terms:	_____	_____	_____

25. Describe the buyer's payment history:

- No prior experience Prompt/discount Pays late (1-30 days slow)
 Pays late (31-60 days slow) Pays late (more than 60 days slow)

26. Amount presently outstanding: _____ Amount past due (if other than zero, please explain):

27. Describe any direct or indirect ownership interest or family relationship which exists between you and the buyer or any guarantor. If no such relationship exists, please state "none". _____

28. Please attach current credit and financial information on the buyer and on the applicant. If you have any questions about the information necessary to process the application, please ask your insurance broker.

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: _____

WHO TO CONTACT:

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

**FCIA TRADE CREDIT & POLITICAL RISK
125 PARK AVENUE, SUITE 1410
NEW YORK, NY 10017**



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

ALABAMA
§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.

ALASKA
§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.

ARIZONA
§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.

ARKANSAS
§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.

CALIFORNIA
§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.

COLORADO
§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 policyholder 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.

DELAWARE
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.

DISTRICT OF COLUMBIA
§22-3225.09 **WARNING:** 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.

FLORIDA §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.
IDAHO §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.
INDIANA §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.
KENTUCKY §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.
LOUISIANA §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.
MAINE §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.
MARYLAND §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.
MINNESOTA §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.
NEW HAMPSHIRE §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.

NEW JERSEY
§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.

NEW MEXICO
§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.

NEW YORK
§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.

OHIO
§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.

OKLAHOMA
§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.

PENNSYLVANIA
§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.

RHODE ISLAND
§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.

TENNESSEE §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.