



Bunker Insure Marine Credit Insurance Proposal Form
Please complete as fully as possible and return to info@bunkerinsure.com

1. Full name and address of Proposer

2. Supplier or Trader?

4. Ultimate Parent?

3. Year Incorporated

5. List any subsidiaries or associates you wish to be incorporated in the policy

6. Has credit Insurance been used in the past two years. If yes please provide details

7. Has Trade Credit Insurance been declined for these trade flows in the last year?
If yes, provide details

GENERAL INFORMATION

1. What do you anticipate your credit sales to be over the coming 12 months excluding letters of credit and payments in advance?

2. Please advise the number of Buyers you expect to sell to in the coming 12 months? (USD)

3. Details of credit experience over the last 3 years

Year:	Total Credit Sales: (USD)	Total Amount of Bad Debt: (USD)	No of bad Debts:	Amount of largest loss: (USD)
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Within the last 12 months have any payments been rescheduled? If Yes, please provide full details (name, Country, original amount, original sales terms, current balance, rescheduled terms and a brief explanation)

5. Within the last 12 months have any receivables been placed in the hands of any Legal or collection agency? If yes, please provide details

6. Receivables outstanding at the end of the most recent fiscal quarter and the three previous fiscal quarters

Fiscal Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount USD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Please can you separately send us a recent aging of receivables

8.Information about the 10 largest Buyers to be insured

Name of Buyer

Required Credit
Limit USD

All information provided in this form is provided in complete confidence and will not be on to any third party other than Insurers. The completion of this proposal form does not the sender to complete the insurance, but it is agreed that this information and any other documentation supplied shall be the basis of the insurance should a Policy be issued.

Name

Title

Contact Number

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Please remember to save a copy of this completed form and when you are happy, click [Send](#) to pass on the form for consideration to Bunker Insure and we will contact you shortly afterwards.