

Capital Goods Credit Insurance Single Risk Cover

Enquiry

1. POLICY HOLDER

Name/Company _____

Street, No. _____

Post Code/City _____

Contact _____

Telephone _____

Telefax _____

Email _____

2. CUSTOMER

Company _____

Street, No. _____

Post Code/City _____

Country _____

VAT ID/HR. No. _____

Telephone _____

Telefax _____

Email _____

Contact _____

type of business end customer reseller (dealer)
 processing company general contractor

3. DELIVERY ITEM

new used _____ year manufactured

brief description/
type of machinery/object

custom-made standard product VOB-transaction dual-use goods

VOB = German regulations governing the awarding of public construction contracts

4. AMOUNT OF LOAN

purchase price _____ **currency** _____ ◀ excl. VAT
 – **advance payment** _____
 + **cost of loan** _____
 = **requested credit limit** _____

5. DELIVERY AND INSTALLATION

delivery date _____ **partial delivery** _____
date installation starts _____ **date installation ends** _____
max. amount outstanding _____

6. PAYMENT AGREEMENTS/SECURITY

Frequency of Instalments _____ **due date of first payment** _____
financing timeline _____ **due date of last payment** _____
L/C deposited no yes
security no yes: _____

◀ please attach cash-flow-diagram or payment schedule, if available

7. MANUFACTURING RISK COVER

required no yes
start of production _____ **duration** _____
original costs _____ ◀ minus advance payment before start of production

8. TYPES OF COVER

fair/unfair calling guarantee
 economic cover
 political cover

9. FINANCING/FORFEIT

planned no yes

10. PAYMENTS EXPERIENCE TO DATE

- new client
- existing client, since: _____ year
- We will provide assistance in obtaining up-to-date finance documentation and information on creditworthiness.
- We consent to being referred to by name in the purchasing process.

11. REMARKS

place and date _____ , the _____

**company stamp
and signature** _____

◀ digital signature possible