

# Credit Insurance

## Analysis

Name/Company \_\_\_\_\_

Street, No. \_\_\_\_\_

Post Code/City \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Telefax \_\_\_\_\_

Email \_\_\_\_\_

No. of employees \_\_\_\_\_ membership of company group \_\_\_\_\_

Affiliates/Subsidiaries \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CURRENCY

▲ applies for all amounts in the entire form, if empty, all information in EUR

◀ if necessary, use an extra sheet

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Credit Insurance Analysis

## 1. PURPOSE OF COMPANY

**description of business activities** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**special feature of business** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◀ e.g., manufacturing risk/ production costs, manufacturing/trade in dual-use goods, long-term/binding contracts etc.

**regular, not-yet invoiced receivables from insurable turnover** \_\_\_\_\_

◀ cost price/ manufacturing risk

**period of greatest turnover** \_\_\_\_\_

month/s  J  F  M  A  M  J  J  A  S  O  N  D ◀ please mark

share of sales \_\_\_\_\_ %

◀ in the case of seasonal business

Our customers work in the following sectors:

sectors	share of turnover
_____	%
_____	%
_____	%
_____	%

## 2. TURNOVER AND OPEN RECEIVABLES LAST COMPLETED BUSINESS YEAR AT (DATE)

◀ in thousand, excl. VAT

per	TURNOVER	RECEIVABLES
<b>total</b>	_____	_____
– incl. with public and associated/holding companies	_____	_____
– incl. D/P businesses/irrevocably confirmed Letters of Credit	_____	_____
– incl. cash business/advance payments	_____	_____
<b>= insurable turnover/receivables</b>	_____	_____
<b>incl. domestic</b>	_____	_____
<b>incl. foreign</b>	_____	_____

### planned turnover for current business year

<b>domestic</b>	_____	◀ in thousand, excl. VAT
<b>foreign</b>	_____	

### Sales with private customers

#### turnover by country

country	turnover
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

◀ in thousand

◀ additional countries please list separately

### 3. ANALYSIS OF DEBTOR STRUCTURE

LEVEL OF RECEIVABLES	DOMESTIC		FOREIGN	
	No. of customers	total receivables	No. of customers	total receivables
< 10.000				
10.000-50.000				
50.000-100.000				
100.000-500.000				
500.000-1.000.000				
> 1.000.000				

### 4. AGE STRUCTURE OF DEBTORS

not yet due	amount
overdue 1 to 30 days	amount
overdue 31 to 60 days	amount
overdue 61 to 90 days	amount
overdue more than 90 days	amount

### 5. YOUR BIGGEST CUSTOMERS

company name	post code/city	turnover	sum insured

◀ turnover/required sum insured in thousand

## 6. BAD DEBTS IN THE LAST THREE YEARS AND FOR CURRENT BUSINESS YEAR

year	DOMESTIC		FOREIGN	
	No.	total bad debts	No.	total bad debts

◀ in thousand, excl. VAT

### BIGGEST SINGLE BAD DEBTS

company	post code/city	amount of bad debt

◀ in thousand, excl. VAT

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## 7. PREVIOUS INSURANCE

exists a  
previous Insurance?

no

yes, insurer: \_\_\_\_\_

terminated

no

yes \_\_\_\_\_

by whom? \_\_\_\_\_

reason for  
termination \_\_\_\_\_

expiry date \_\_\_\_\_

## 8. COMPANY RECEIVABLES MANAGEMENT

### CREDIT CHECK

SOURCE OF CREDIT INFORMATION	NEW CUSTOMERS	EXISTING CUSTOMERS
positive account experience in the last 12 months		<input type="checkbox"/> yes <input type="checkbox"/> no
credit agencies: _____ _____ _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
bank information	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
other sources: _____ _____ _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

At what intervals is this information/are these documents updated? \_\_\_\_\_

### CONDITIONS OF PAYMENT

The following payment terms/conditions were agreed with our customer/s:

domestic customers: _____ % up to _____ days	foreign customers: _____ % up to _____ days
_____ % up to _____ days	_____ % up to _____ days
_____ % up to _____ days	_____ % up to _____ days

We accept Maturity of Bill of Exchange of up to _____ days	We accept extended Terms of Payment (Valuta) _____ days
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▲ including cheque / L/C financing

### DATE OF INVOICE

- on delivery/performance
- up to 1 week after delivery/performance
- up to 30 days after delivery/performance
- after over 30 days

### REMINDER PROCEDURES

- Individual reminders
- Automatic reminders
- automatically by service provider \_\_\_\_\_

**REMINDER TERMS**
**1. reminder no later than** \_\_\_\_\_ days after due date

**2. reminder no later than** \_\_\_\_\_ days after due date

**further reminders** \_\_\_\_\_ no. **sent every** \_\_\_\_\_ days

**deliveries suspended after** \_\_\_\_\_ days

**COLLECTION PROCEDURES**
**passed to collection dept** \_\_\_\_\_ days max. after due date

**collection by lawyer/  
legal action commences** \_\_\_\_\_ days max. after due date

**AGREED SECURITY INTERESTS**
**reservation of  
proprietary rights** \_\_\_\_\_

- Simple Retention of Title
- "All Monies" / "Current Account" clause
- Processing/Mingling clause
- Advance Assignment clause

**other security interests** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. REMARKS**

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**place and date** \_\_\_\_\_, the \_\_\_\_\_

**company stamp  
and signature** \_\_\_\_\_

◀ digital signature possible