

**STRUCTURED TRADE SERVICES LLC  
APPLICATION FOR QUOTATION  
MULTI-BUYER CREDIT INSURANCE POLICY**

THIS DOCUMENT WILL BE A MATERIAL BASIS OF THE INSURANCE IF QUOTATION IS MADE AND ACCEPTED. INFORMATION SUBMITTED WILL BE TREATED AS CONFIDENTIAL.

Date: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Primary reason for application (check one):

Risk Mitigation       Extend More Competitive Terms

Financing Name of Financing Bank: \_\_\_\_\_

Other (explain): \_\_\_\_\_

4. Number of years exporting: \_\_\_\_\_

5. Number of years exporting on terms other than cash in advance or letter of credit: \_\_\_\_\_

6. Products to be Exported: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.a) Percent of Foreign Buyers: \_\_\_\_\_ % Manufacturers  
\_\_\_\_\_ % Wholesalers/Distributors/Dealers  
\_\_\_\_\_ % Retailers  
\_\_\_\_\_ % End Users  
100 % Total

7.b) Percent of Foreign Buyers: \_\_\_\_\_ % Private  
\_\_\_\_\_ % Government  
100 % Total

8. Name(s) of any parent, subsidiary or majority-owned affiliate also invoicing domestic sales in its name and whose sales you would like to include under this insurance policy (please include those sales when answering all questions below):

Company	City/State/Country	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Will any shipments be made by you or any of your subsidiaries or affiliates listed above in item 11 from countries other than the United States?      Yes       No       If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

10. a) Export sales made during the last three years and projected for the next twelve months:

Year	<u>Domestic</u>		<u>Foreign</u>	
	Cash in Advance	All Other Credit Terms	LC & Cash in Advance	All Other Credit Terms
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Next 12 Months	\$ _____	\$ _____	\$ _____	\$ _____

b) Maximum amount of receivables expected to be outstanding at any one time during the next twelve months: \$ \_\_\_\_\_

c) Please complete the information in Appendix A

11. Maximum amount outstanding at any one time by buyer on export sales for the last twelve months:

Maximum Outstanding by Buyer	Number of Buyers in Range	Maximum Outstanding by Buyer	Number of Buyers in Range
\$ 0 - \$25,000	_____	\$100,001 - \$300,000	_____
\$25,001 - \$50,000	_____	\$300,001 - \$500,000	_____
\$50,001 - \$75,000	_____	\$500,001 - \$1,000,000	_____
\$75,001 - \$100,000	_____	Over \$1,000,000	_____
		Totals	_____

12. Please list your five largest foreign buyers below:

<u>Buyer Name/City/Country</u>	<u>Prior Year Shipment Volume</u>	<u>Payment Term</u>	<u>Credit Limit Needed</u>
A) _____	\$ _____	_____	\$ _____
B) _____	\$ _____	_____	\$ _____
C) _____	\$ _____	_____	\$ _____
D) _____	\$ _____	_____	\$ _____
E) _____	\$ _____	_____	\$ _____

13.a) Total export receivables presently outstanding:

\$ \_\_\_\_\_ as of \_\_\_\_\_ (Date)

b) Amounts past due from total domestic outstandings shown in 13a:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 1-30 Days Past Due 31-90 Days Past Due 91-180 Days Past Due 181-360 Days Past Due Over 360 Days Past Due

*As an alternative to 13 a & b, you may attach a receivables aging by buyer.*

c) Total number of foreign buyers past due: \_\_\_\_\_.

d) Please attach explanation of amounts past due by more than 90 days (specify reason, country, buyer and any collection efforts taken).

14. Have any export obligations been rescheduled during the last 12 months?

Yes  No  If Yes, please provide details in a separate attachment.

15. Export receivables losses during the last three years:

<u>Year</u>	<u>Amount</u>	<u>Explanation of Loss</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

16. Has the Applicant ever dealt with a credit insurer in the past?

Yes  No  Name of Insurer, if Yes \_\_\_\_\_

17. a) PLEASE ATTACH THE FOLLOWING APPLICANT INFORMATION:

- Two most recent fiscal year financial statements
- Completed Credit and Collection Procedures Questionnaire, which is attached to this application

b) If available, please also attach the following information which will assist in the processing of your application:

- Descriptive product brochures
- Names and addresses of the banks that will be financing export receivables

**CERTIFICATION OF APPLICANT:**

**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.

**NOTE:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant authorizes Structured Trade Services, LLC (STS) to seek non-binding trade credit insurance indications from insurance underwriters and to act as our sole broker/agent of record with all credit insurers including any who may have been previously contacted by us.

Applicant reserves the right to make all decisions regarding a credit insurance program and the issuance of any policy is subject to a written authorization to bind cover from the undersigned or an authorized corporate officer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

**WHO TO CONTACT:**

<p style="text-align: center;"><b>STRUCTURED TRADE SERVICES LLC</b> 2620 Fountain View Dr Ste 285 Houston TX 77057 Telephone: (713) 552-0400 ♦ Facsimile: (713) 552-0472</p>
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COMPANY NAME: \_\_\_\_\_

**CREDIT AND COLLECTION PROCEDURES QUESTIONNAIRE**

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1. Does your company have a separate department which assesses credit risk?  Yes  No

If yes, how many employees are in the department? \_\_\_\_\_

2. Do the same individuals who assess domestic risk also assess foreign credit risks?

Yes  No

3. Please provide the following information on those involved in making credit decisions:

4. Please provide the authority level for each position having the authority to approve credit limits on new buyers and to renew or amend credit limits for existing buyers.

<u>Title</u>	<u>Department</u>	<u>Authority Level</u>	
		<u>New Buyer</u>	<u>Existing Buyers</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Can anyone overrule the decisions made by the employees in the positions identified above?

Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

6. Are buyer limits established for a specified period by the employees in the positions above, with others then having the ability to clear shipments based on those approvals, or do the employees in the positions above have to approve each order?

\_\_\_\_\_

7.a) For new foreign buyers or ones you have not extended credit to for over 12 months at a minimum, what credit information would you require to consider approving a credit limit?

\_\_\_\_\_

b) How current must this information be?

\_\_\_\_\_

c) What general guidelines do you use to evaluate the information?

\_\_\_\_\_

8.a) For existing foreign customers, what is the minimum information you would require to consider approving or renewing a credit limit?

\_\_\_\_\_

b) How current must this information be?

\_\_\_\_\_

c) What general guidelines do you use to evaluate the information?

\_\_\_\_\_

9. Do you today have on file current financial information on your top five foreign customers?

Yes  No

10.a) How often are accounts receivable reports generated and reviewed?

\_\_\_\_\_

b) What position within the company reviews the reports?

\_\_\_\_\_

11. When a customer goes past due on an obligation that is not in dispute, what actions do you take within the following time frames to collect:

0 - 30 days past due \_\_\_\_\_

30 - 60 days past due \_\_\_\_\_

60 - 120 days past due \_\_\_\_\_

12. Assuming past dues are not insignificant or dispute-related, at what point do you refuse to make further shipments to a past due account?

\_\_\_\_\_

\_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Title: (Print) \_\_\_\_\_

Company: \_\_\_\_\_

