

**STRUCTURED TRADE SERVICES LLC**  
**APPLICATION FOR SINGLE-BUYER COVERAGE**

Date \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Primary Reason for application (check one):

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

4. Coverage Requested (check one):

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

(b) Domestic Credit:     Nonpayment     Other (explain) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

6. 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.

\_\_\_\_\_

7. Number of years applicant selling on payment terms other than CIA or letter of credit: \_\_\_\_\_

8. Buyer Name: \_\_\_\_\_

Address: \_\_\_\_\_

9. Guarantor (if any): \_\_\_\_\_

Address: \_\_\_\_\_

10. Products/Services: \_\_\_\_\_

11. Repayment Terms: \_\_\_\_\_

(if payment terms are letter of credit, specify the issuing bank)

12. Country from which the products are to be shipped and by whom: \_\_\_\_\_

13. Country to which the products are to be shipped and by whom: \_\_\_\_\_

14. 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.)? \_\_\_\_\_

15. Currency in which the buyer's obligation will be payable: \_\_\_\_\_

16. Country in which the buyer's obligation will be payable: \_\_\_\_\_

17. Period during which insured shipments will be made (maximum 12 months): \_\_\_\_\_
18. Total amount expected to be shipped to the buyer during the policy period: \_\_\_\_\_
19. Highest amount expected to be outstanding during the policy period: \_\_\_\_\_
20. Credit Limit requested: \_\_\_\_\_
21. 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:  
 \_\_\_\_\_
22. 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.

**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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