



GRS Insurance Consultants Ltd.

PROPOSAL FORM

Please continue answers on a separate sheet and attach additional documentation as necessary.

Company Name:	<input type="text"/>	Registration No.:	<input type="text"/>
Address:	<input type="text"/>		
Contact Name:	<input type="text"/>	Position :	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
		e-mail:	<input type="text"/>
Business Nature:	<input type="text"/>		
Sectors Sold To:	<input type="text"/>		
Details of Associated Companies:	<input type="text"/>		
Currency Required (to be used for all information provided):	<input type="text"/>		
Details of existing / previous credit insurance arrangements:	<input type="text"/>		

Financial Information

Turnover and Loss History:	Insurable Turnover		Bad Debts		
	Credit Sales <i>(excluding sales to associate companies)</i>	Other Sales <i>(cash, pro forma, L/C, sales to associate cos.)</i>	Total Value <i>(after recoveries)</i>	Largest Bad Debt	Total Number of Debts
<i>Estimate next 12 months</i>					
Year to date / 2006					
Fin. Year / 2005					
Fin. Year / 2004					
Fin. Year / 2003					

Breakdown of Insurable Turnover by Country: *(please continue on a separate sheet if necessary)*

Country	Last 12 months' turnover	Estimate next 12 months'	Payment Terms



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Balances Outstanding at end of last...

March: June: September: December:

Debtor Spread:

Amount Outstanding (required currency equivalent to:)	Amount of Debt (in required currency stated above)	Number of Customers
> US\$ 2,000,000		
US\$ 1,000,001 – US\$ 2,000,000		
US\$ 500,001 – US\$ 1,000,000		
US\$ 250,001 – US\$ 500,000		
US\$ 100,001 – US\$ 250,000		
US\$ 50,001 – US\$ 100,000		
US\$ 25,001 – US\$ 50,000		
US\$ 10,001 – US\$ 25,000		
US\$ 5,001 – US\$ 10,000		
< US\$ 5,000		
Total		

Aged Debt Breakdown:

Current: 1-30 days overdue: 31-60 days overdue: 61-90 days overdue: 90+ days overdue:

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Please provide details on a separate sheet of any customers that are 31+ days overdue or giving cause for concern.

Principle Customers

Details of Top 10 Principle Customers:

Customer Name, Address and Registration Number (please use full legal trading style and address)	Country	Payment Terms	Maximum Outstanding (in required currency stated above)

Optional Extensions (please tick)



GRS Insurance Consultants Ltd.

Do you require cover for work in progress? Yes No

Do you require cover against political risks? Yes No

Do you require cover for sales made by associate companies? Yes No

If you answer "yes" to any of the above then we will request additional information separately.

Credit Risk Management

(Please either complete this section or attach a copy of your credit management procedures)

When are invoices issued? Day of despatch / delivery Other – please state when

Details of all staff with responsibility for credit risk management and control:

Job Title	Responsibility	Level of Authority

Is each customer allocated an internal credit limit? Yes* No

* Please provide details on a separate sheet of all information sources (payment performance, annual accounts, visits, etc.) used in setting internal credit limits. Please advise from what level they are used for new / existing customers.

How are debts collected?	Yes / No	By what day from due date?
Telephone calls BEFORE due date	<input type="checkbox"/> / <input type="checkbox"/>	
Telephone calls AFTER due date	<input type="checkbox"/> / <input type="checkbox"/>	
Chasing letters	<input type="checkbox"/> / <input type="checkbox"/>	
Deliveries suspended	<input type="checkbox"/> / <input type="checkbox"/>	
Visits	<input type="checkbox"/> / <input type="checkbox"/>	
Debt collectors	<input type="checkbox"/> / <input type="checkbox"/>	
Legal action	<input type="checkbox"/> / <input type="checkbox"/>	
Others – please specify	<input type="checkbox"/> / <input type="checkbox"/>	

Authorised Signature:

Name: Title:

Company Stamp: Date: