



APPLICATION FOR ACCOUNTS RECEIVABLE INSURANCE SMALL BUSINESS

Please note that all information will be kept strictly confidential

1 APPLICANT INFORMATION

Legal Name of Applicant	
Trade Name (if applicable)	
Address (Street, City, Province, Country and Postal Code)	

2 CONTACT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Contact Name	
Title	
Telephone	Fax
E-mail address	

3 YOUR BUSINESS

Legal Status	<input type="checkbox"/> Incorporated	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other		
Place of incorporation/registration	<input type="checkbox"/> Canada	<input type="checkbox"/> Other	If other, specify where:			
Type of Business	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Trading House	<input type="checkbox"/> Contractor	<input type="checkbox"/> Services	<input type="checkbox"/> Other
Year Established		Number of Employees				
Brief Description of Product/Service			Percentage of Overall Business			

For the foreign sales that you want to insure, indicate the percentage of those sales that is comprised of goods or services EXPORTED from Canada.* _____%

* Exported from Canada means that the goods cross the Canadian border or that the services are rendered by a Canadian (who is paid in Canada) for a foreign buyer.

4 CUSTOM PRODUCTS

Do you sell customized products? (i.e., products that cannot be readily sold to another buyer because they have been made-to-order)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the average production period of your products? (days)		

5 COVERAGE

Please select one of the following coverage options:

Cover all sales Cover all sales except USA sales *Canadian sales to be covered by Coface
 Cover all sales except Canadian sales Cover all sales except Canadian and USA sales

Based on the option selected above, list the countries you want to cover.
 If necessary, please list additional countries on a separate page. Letter of credit coverage is optional.
 If you wish to ensure L/Cs, please provide the details and invoicing terms on a separate line.

Please indicate the currency
 CAD\$ USD\$

Country	Maximum payment terms	Anticipated annual sales	Maximum outstanding at any one time

Are your sales currently insured? Yes No

6 AFFILIATED COMPANIES

Do you require coverage on sales made by affiliated companies?
 If yes, indicate the name and full address of the affiliates, your relationship with them and the ownership percentage.

Yes No

Company Name		
Relationship		% of ownership
Address (Street, City, Province, Country and Postal Code)		

For the foreign sales of each affiliate to be insured, indicate the percentage of those sales that is comprised of goods or services EXPORTED from Canada. _____ %

7 SALES AND BAD DEBTS

Provide details about your sales and bad debts for the last three fiscal periods and for the current year. Record the amount of debts (before insurance claim payments).				Please indicate the currency <input type="checkbox"/> CAD\$ <input type="checkbox"/> USD\$
Fiscal period ending	month / day / year	month / day / year	month / day / year	Current Year to Date
Total sales in U.S.				
Total sales in Canada				
Total sales outside Canada and U.S.				
U.S. bad debts				
Canadian bad debts				
Bad debts outside Canada and U.S.				

8 BROKER, ACCEPTANCE FEE AND ADMINISTRATION

Name of your broker if applicable	
How will you pay the policy acceptance fee of \$250 CAD (or USD\$ equivalent)? <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (please fill out information below)	
Credit Card Type	
Credit Card No.	Expiry Date
Name on Credit Card	
Do you wish to assign the proceeds of the policy to a bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which currency do you want the policy administered in?	<input type="checkbox"/> CAD\$ <input type="checkbox"/> USD\$
In which language would you like to receive the policy documentation?	<input type="checkbox"/> English <input type="checkbox"/> French

9 APPLICANT DECLARATION

The Applicant acknowledges that export sales will be insured by Export Development Canada ("EDC") and, if Canadian sales are insured, they will be insured by Compagnie Française d'Assurance pour le Commerce Extérieur – Canada Branch ("Coface"). The Applicant acknowledges that the liability of EDC and Coface under the policy will be separate and not joint.

The Applicant declares that: (i) the information contained in this application is true and correct and acknowledges that the Insurer(s) could deny liability under the policy if the application contains any misrepresentation which is material to the insurance contract; and (ii) the Applicant does not have any policy of insurance, guarantee or agreement providing coverage for a loss in respect of any contracts of sale which would be covered under the policy being applied for, and will not place any such coverage while the policy is in place.

The Applicant acknowledges that additional information may be required by the Insurer(s) prior to the issuance of a policy and agrees that any such additional information will form part of this application. If the Applicant has requested insurance coverage for its Canadian sales, the Applicant acknowledges and agrees that EDC may disclose any information relating to the Applicant (including buyer information) to Coface and Coface's New Jersey subsidiary, Coface North America, Inc., who is acting as agent for its parent company Coface for this insurance.

The Applicant further declares that with respect to the business to be supported by the Insurer(s): (a) neither the Applicant, nor its affiliates*, have been or will knowingly be party to any action which is prohibited by applicable criminal laws dealing with the bribery of public officials, including Canada's Corruption of Foreign Public Officials Act, which makes it illegal for persons to, directly or indirectly, give, offer, or agree to offer a loan, reward, advantage or benefit of any kind to a foreign public official in order to obtain or retain an advantage in the course of business; (b) neither the Applicant, nor its affiliates, nor, to the best of our knowledge, anyone acting on the Applicant's or its affiliates' behalf, are currently under charge in a court or, within the last five years, have been convicted in a court for violation of laws against the bribery of foreign public officials of any country and, (c) upon request, the Applicant agrees to provide to the Insurer(s) the identity of persons acting on the Applicant's and its affiliates' behalf and the amount and purpose of commissions and fees paid, or agreed to be paid, to such persons.

*For the purpose of this application, affiliate means: (i) a person that is directly or indirectly controlled by the Applicant or by a person that also directly or indirectly controls the Applicant; or (ii) a person that directly or indirectly controls the Applicant; and for the purposes of the foregoing, control means de facto control.

The Applicant also declares that it is not aware of any significant environmental risk associated with the business insured under its Policy. "Environmental risks" refer to any potential adverse effects on the environment or communities outside Canada resulting from such business insured by EDC – either i) with the end use of goods produced or manufactured by the Applicant and exported from Canada or with the production or manufacturing outside Canada of goods which are sold by the Applicant; ii) with the production, manufacturing and/or end use of goods produced or manufactured by the Applicant's foreign affiliates outside Canada; or iii) with services rendered for buyers outside Canada by the Applicant or foreign affiliates of the Applicant."

Until EDC receives written notification from the Applicant to the contrary and with respect to the policy and any Domestic Supplementary Insurance Policy that may be issued by Coface SA, Canada Branch to the Applicant in connection with the policy (collectively the "Policies") the Applicant authorizes EDC to provide the Broker with: (i) access to all information and documentation concerning the Policies which is hereafter made available to the Applicant on designated EDC website pages; and (ii) all information, documents and correspondence requested by the Broker concerning the Policies which is also available to the Applicant.

 AUTHORIZED SIGNATURE OF APPLICANT

 DATE

TO ACTIVATE YOUR POLICY YOU MUST PAY A ONE TIME \$250 CAD (OR USD\$ EQUIVALENT) POLICY ACCEPTANCE FEE.
 An annual anniversary fee of \$250 CAD (or USD\$ equivalent) will also be payable on each anniversary date of the policy.