



APPLICATION FOR EDC CREDIT INSURANCE

Once completed, please email the application to your EDC representative. In the event you don't have an EDC representative? Please return your application to Inside Sales at tradeadvisor-conseiller@edc.ca. If you require further assistance please call us at 1-866-659-2744.

All the information provided will be kept confidential.

APPLICANT PROFILE

Company Legal Name

Trade Name (if applicable)

Address

Street		City	
Province	Postal Code	Website	Year Established

Contact Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Job Title	
Email Address	Business Telephone	Fax

YOUR BUSINESS PROFILE

Legal Status

- Incorporated Sole Proprietorship
 Partnership Other, Please specify:

Country of Incorporation or Registration

Type of business and percentage of total sales for each type

- Contractor ___% Distributor ___% Manufacturer ___% Service Provider ___%
 Trader ___% Wholesaler ___% Other ___%
 One Commodity Please specify:
 Multiple Lines of Business



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Please describe your product and/or service

Description	
% of Overall Business	

Description	
% of Overall Business	

COVERAGE REQUESTED

Reason for credit insurance (select all that apply)

- Protect against risk Bank requirement
 Grow your business outside of Canada Other, Please describe:

Do you sell made-to-order products that cannot be readily sold to another buyer? Yes No

Average number of days to produce your made-to-order product(s)? _____

Please select one of the following coverage options * **Canadian sales are covered by Coface**

- Cover all sales Cover all sales except Canadian sales
 Cover all sales except USA sales Cover all sales except Canadian and USA sales
 Cover a select number of buyers Other, Please describe:

Based on the coverage option selected above, list the countries you want to cover.

Country	Payment Terms	Number of days (if > 180 days)
Anticipated Annual Insurable Sales	Currency (USD or CAD)	Province (if Country is Canada)

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TOTAL Anticipated Annual Insurable Sales

List your key buyers/customers for which we will assess and include in our offer. You will be able to request additional coverage on other buyers upon acceptance of our offer.

Company Legal Name		
Address		City
State/Province	Country	Business Telephone
Credit Limit Request		Currency (USD or CAD)
Payment Terms		Number of Days

What is your payment experience with this buyer?

Company Legal Name		
Address		City
State/Province	Country	Business Telephone
Credit Limit Request		Currency (USD or CAD)
Payment Terms		Number of Days



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What is your payment experience with this buyer?

Company Legal Name		
Address		City
State/Province	Country	Business Telephone
Credit Limit Request		Currency (USD or CAD)
Payment Terms		Number of Days

What is your payment experience with this buyer?

Company Legal Name		
Address		City
State/Province	Country	Business Telephone
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What is your payment experience with this buyer?



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Company Legal Name		
Address		City
State/Province	Country	Business Telephone
Credit Limit Request		Currency (USD or CAD)
Payment Terms		Number of Days

What is your payment experience with this buyer?

YOUR EXPORT BUSINESS PROFILE

Indicate what percentage of your U.S. and foreign sales that you want to insure are shipped (or services invoiced) from Canada. _____ %

Number of employees at Head Office in Canada? _____

Do the sales you want to insure include sales to at least one geographic market that is new to your business in the past 12 months? Yes No N/A

Do you spend at least 2% of your revenue on research and development? Yes No N/A

Do the sales you want to insure include sales of "new to market" products or services launched within the last 12 months? Yes No N/A

Do the sales you want to insure include sales of environmentally beneficial goods or services? Yes No N/A

Do you wish to insure transactions payable by Letter of Credit? Yes No

Please provide the details and invoicing terms of your Letters of credit
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AFFILIATED COMPANIES

Do you require coverage for sales made by an affiliated company that is located within Canada or outside Canada? Yes No

Please provide additional information on the affiliated companies below:



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Affiliate			
Company Name:		Relationship of Affiliate to your Business:	
		Parent: <input type="checkbox"/> Sister company: <input type="checkbox"/> Subsidiary: <input type="checkbox"/> Other: <input type="checkbox"/>	
Address:		% Ownership by your Business:	%
City:		% of Foreign Sales Shipped (or services invoiced) from Canada:	%
Province/State:		Total Sales in the Last Three Fiscal Periods:	
Postal Code/Zip Code:		Bad Debts Incurred in the Last Three Fiscal Periods:	
Country			
Affiliate			
Company Name:		Relationship of Affiliate to your Business:	
		Parent: <input type="checkbox"/> Sister company: <input type="checkbox"/> Subsidiary: <input type="checkbox"/> Other: <input type="checkbox"/>	
Address:		% Ownership by your Business:	%
City:		% of Foreign Sales Shipped (or services invoiced) from Canada:	%
Province/State:		Total Sales in the Last Three Fiscal Periods:	
Postal Code/Zip Code:		Bad Debts Incurred in the Last Three Fiscal Periods:	
Country			

CREDIT MANAGEMENT

Indicate the percentage of your receivables that are more than 90 days past the invoice due date.	%
Reason(s) for the receivable(s) being overdue?	
<input type="checkbox"/> Bankruptcy of buyer <input type="checkbox"/> Payment default (slow payment) <input type="checkbox"/> Dispute with buyer <input type="checkbox"/> Other	
What steps are being taken to remedy the problem?	
<input type="checkbox"/> Contacted buyer (phone, visit, mail) <input type="checkbox"/> Hired collection agency <input type="checkbox"/> Took legal action	
In your business, who is responsible for making credit decisions?	



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What sources of information do you use when making credit decisions on buyers that you are selling to?	
<input type="checkbox"/> Bank report or reference <input type="checkbox"/> My own payment experience <input type="checkbox"/> Credit agency report	<input type="checkbox"/> Trade reference(s) <input type="checkbox"/> Financial statements <input type="checkbox"/> None
How often are credit decisions reviewed?	
What is the procedure for following up on delinquent accounts?	
<input type="checkbox"/> Contacted buyer (phone, visit, mail) <input type="checkbox"/> Hired collection agency <input type="checkbox"/> Took legal action	

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).

Indicate the currency used for reporting your sales/bad debts. CAD USD

Fiscal year ending	Day/Month/Year	Day/Month/Year	Day/Month/Year	Current year to date	Currency
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.					

LOSS VALUE

Indicate the total number of losses over the last 12 months.	
Of the total number of losses incurred, how many are under \$2,000?	
What was the value of your largest single loss over the last 12 months?	
What was the reason of the largest single loss?	



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BROKER FIRM AND CONTACT

Do you have an insurance broker that will be involved in the administration of this policy including submitting of credit limit requests, claim application and overdue reporting?

Yes No

Name of Brokerage Firm

Address

Street		City
Province	Postal Code	

Contact Name	Title
Email Address	Business Telephone



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GENERAL

Do you require your claim payments under the policy to be directed to your financial institution?

Yes No

Are your sales currently insured?

Yes No

Indicate the date on which you want coverage to commence.

In which language would you like to receive your policy documents and invoices?

English French

In which currency would you like your policy administered? Please note that the currency you choose will become both your “policy currency” and your “declaration currency” ie: the maximum liability, deductible, invoicing, declarations and payment of premium and fees will all be made in that currency.

CAD USD

If you indicated above that in addition to your export sales you also wish to cover sales to Canadian buyers, you may have the option to report your sales and pay premium in a currency that is different from the currency you have selected immediately above (options are: USD or CAD). Would you like this option?

Yes No
 NA (not covering Canada)



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APPLICATION 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 no sales to be insured under the policy, or documents related to such sales, requires or will require the Applicant to: (a) engage in discrimination based on the race, national or ethnic origin or religion of any Canadian firm or individual; (b) refuse to purchase from or sell to any other Canadian firm or individual; (c) restrict its commercial investments or other economic activities in any country; or (d) refuse to sell any Canadian goods and services to, or buy any goods or services from any country.

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 to be insured under the 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.”

The Applicant consents and agrees to EDC’s disclosure of all non-publicly available information provided to EDC by the Applicant in connection with its support hereunder (the “Information”) to (a) EDC’s shareholder, employees, officers, directors, brokers, agents, advisors, consultants, legal counsel and potential or actual reinsurers, insurers and co-insurers, and (b) pursuant to the requirements of law, regulation, legal process, and audit, and (c) pursuant to EDC’s and Canada’s international commitments. The foregoing consent shall constitute the Applicant’s written consent pursuant to any confidentiality agreement signed between EDC and the Applicant or pursuant to applicable laws to disclose the Information. The Applicant has explicitly requested that this Application be in English. Le client a expressément demandé et accepté que la présente Proposition soit en anglais.

Until EDC receives written notification from the Applicant to the contrary, the Applicant authorizes EDC to provide its broker (identified above) with: (i) access to all information and documentation concerning the policy which is hereafter made available to the Applicant on designated EDC website pages; and (ii) all information, documents and correspondence requested by such broker concerning the policy which is also available to the Applicant.

Furthermore, the Applicant acknowledges and understands that all information collected by EDC is subject to the Access to Information Act and to the Privacy Act; information is collected, protected and disclosed by EDC in accordance with these Acts.

I agree with the terms of the Application Declaration.

AUTHORIZED SIGNATURE OF APPLICANT

DATE

TITLE