Credit Insurance Health Check

Use this form to apply for a no-obligation credit insurance quote.

How to fill in this form

By hand

- Complete the entire form using black ink and block capitals
- Mark your answers, where applicable, with an 'x' like this
- Sign and date the declaration at the end
- Return it by post: Financial & Credit Insurance Services Ltd, 80 Granville Road, Sevenoaks, Kent TN13 1HA
- Return it by email: Scan your completed form and send it to us at quotes@fincred.co.uk



Company details

Company name					
Address					
Postcode:					
Website					
	يرم جاء				
Company registration nun	nber				

Contact
Name:
Position:
Telephone:
Email:
What is your trade description?
Which trade sectors do you sell to?
Who do you currently purchase credit status information from?

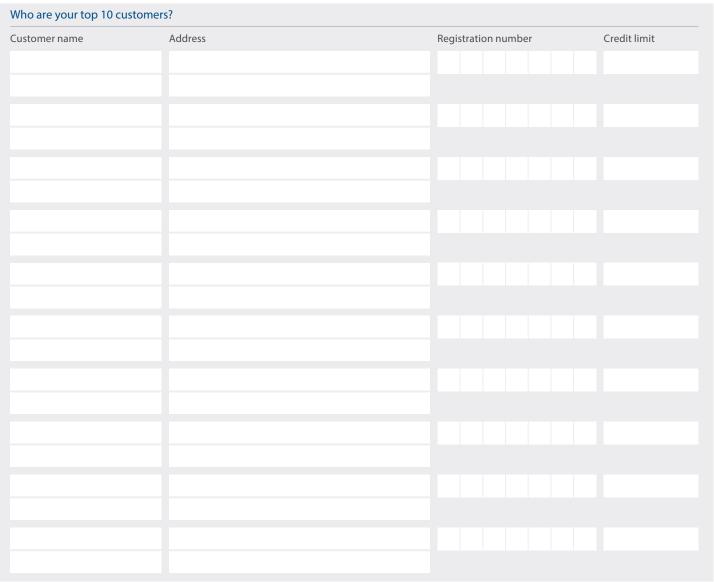
2 Financial details

		a. i	cia		ctai	15				
Whi	ch cı	urrer	icy a	re yo	u usii	ng to complete this f	orm?			
						rable turnover? es to associated comp	anies and sales to Uk	(government/public	sector	
Cou	ntry c	of trac	de					Annual turnover (excluding VAT)	Approximate number of accounts	Normal/maximum payment terms
W	nat is	you	r last	thre	e yea	rs trading experience	e? Excluding any prev	rious bad debts		
Fin	ancia	l yea	r end	ing		Turnover (excluding VAT)	Net total of bad debt losses	Number of losses	Amount of largest individual loss	Name of largest individual loss
М	М	Υ	Υ	Υ	Υ					
М	М	Υ	Υ	Υ	Υ					
M	М	Υ	Υ	Υ	Υ					

2 Financial details continued

Are you currently insured for credit risks? Ves Ves No Insurance company name: Insurance broker name: Renewal date: D D M M Y Y Y Y Y

3 Your top 10 customers



Your declaration

It is a legal requirement that anyone seeking an insurance policy must disclose any information that might influence the insurers in fixing premiums or determining whether to accept the risk. Under English law, failure to do so may entitle insurers to void cover from inception and seek repayment of any paid claims. If you are in any doubt as to whether information is material, you should disclose it.

We hereby confirm that this information is accurate to the best of our knowledge and we authorise you to approach the insurance market on our behalf.

X If you are completing this form on screen, please mark here to agree to this declaration								
Signed (paper applications only):	Name: Position:							
	D D M M Y Y Y							