

GREAT AMERICAN INSURANCE COMPANY
COMPREHENSIVE CREDIT INSURANCE POLICY (SINGLE BUYER)
APPLICATION

For the purpose of the Insurance Companies Act (Canada), this document was issued or made By Great American Insurance Company in the course of its insurance business in Canada.

All dollar amounts are considered to be stated in Canadian dollars unless the applicant specifies otherwise.

Date _____

1. Name of Applicant: _____

2. Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

3. Name/Address/License No. of Insurance Broker: _____

4. Primary Reason for application (check one):

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

5. Coverage Requested (check one):

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

(b) Domestic Credit: Nonpayment Other (explain)

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

7. Does your company 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 _____

8. Number of years applicant has been selling on payment terms other than CIA or letter of credit: _____

9. Buyer Name: _____

Address: _____

10. Guarantor (if any): _____

Address: _____

11. Products/Services: _____

12. Repayment Terms: _____

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

13. Country from which the products are to be shipped and by whom: _____
14. Country to which the products are to be shipped and by whom: _____
15. What documents will your company have to evidence the buyer's obligation to pay your company (e.g., written purchase orders, invoices, bills of lading, drafts, etc.)? _____
16. Currency in which the buyer's obligation will be payable: _____
17. Country in which the buyer's obligation will be payable: _____
18. Period during which insured shipments will be made (maximum 12 months): _____
19. Total amount expected to be shipped to the buyer during the policy period: _____
20. Highest amount expected to be outstanding during the policy period: _____
21. Credit Limit requested: _____
22. If a policy is issued, will the amounts insured under the policy be the only amounts owed by the buyer to your company? _____ If not, please explain what other obligations may be outstanding during the policy period:

23. Please describe any collateral or other security that your company has or will obtain for either insured or uninsured obligations of the buyer (if none, please state "None"): _____
24. Summary of your company's 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 your company 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.

Should there be any questions about the information necessary to process the application, please ask the insurance broker.

NOTICE TO APPLICANTS:

This document will be a material basis of any insurance policy that may be issued by Great American, and it will be attached to and made a part of any such policy, if a quotation is made and accepted. Information submitted will be treated as confidential.

INSURANCE FRAUD WARNING STATEMENT:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer or any other person, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

CERTIFICATION OF APPLICANT TO GREAT AMERICAN INSURANCE COMPANY:

OTHER INSURANCE: The applicant will not enter into or maintain any contract of insurance or indemnity with respect to any cause of loss covered by this policy or with respect to any loss chargeable to any deductible under this policy, without the insurer's consent in writing.

REPRESENTATIONS: The undersigned officer of the applicant certifies that the warranties and representations made in this application and any appendices are true and correct, to the best of his/her knowledge and belief, and that he/she has not misrepresented or omitted any material facts. It is also agreed that this application, whether as respects anything contained herein or omitted therefrom, has been made, prepared and written by the applicant or his/her own proper designee. In case there may occur any changes regarding information provided in this form between its submission and the issuance of the respective insurance policy, the applicant will, without undue delay, notify Great American.

Signature: _____

Date: _____

Name (Print): _____

Title: _____

Company: _____

WHO TO CONTACT:

Please ask your insurance broker to submit this completed form to:

GREAT AMERICAN INSURANCE COMPANY
125 PARK AVENUE, 14th FLOOR
NEW YORK, NY 10017
USA