



**TRADE CREDIT INSURANCE COMMERCIAL RISK COVER
DOMESTIC SALES**

1. Estimated Turnover of Goods to be Insured J\$ _____

2. Summary of High Credit Outstanding for Individual Accounts

High Credit Outstanding (US\$)	Number of Active Accounts	Total Value (US\$)
0 – 20,000		
20,001 – 50,000		
50,001 – 100,000		
100,001 – 200,000		
200,001 – 500,000		
More than 500,000		

3. Aging Export Receivables(J\$)

Current _____ 30 – 90 days _____ Over 90 days _____

4. Method Employed for Monitoring Late Payment:

Telephone _____ days Fax _____ days Stop Credit _____ days

Cancellation/Mediation _____ days Collection Agency _____ days Litigation _____ days

5. Domestic Losses during the last three (3) years (if any):

F i n a n c i a l Y e a r s

	20____	20____	20____
Buyer's Name			
Gross amount of loss			
Amount recovered			
Amount written off			

Note: if there is not enough space, please continue on a separate sheet of paper, using the same format.)

6. Please list Export Payments Outstanding 90 Days Past the Original Due Date:

DETAILS	BUYER 1	BUYER 2	BUYER 3
Buyer's name			
Original payment terms			
Amount overdue			
Total debt outstanding			
Reason for non-payment			
Recovery action taken			

Note: if there is not enough space, please continue on a separate sheet of paper, using the same format.)

