

# Trade Credit

## Trader Single Risk Credit Proposal Form



1. Details of applicant

|                          |                                       |                   |  |
|--------------------------|---------------------------------------|-------------------|--|
| Company name:            |                                       |                   |  |
| Contact:                 |                                       | Company reg. no.: |  |
| Address:                 |                                       |                   |  |
| Postcode:                |                                       | Telephone no.:    |  |
| Email:                   |                                       |                   |  |
| Nature of your business: |                                       |                   |  |
| Annual turnover:         | EURO / GBP / USD (delete as required) |                   |  |

2. Details of buyer

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Company:   |                              |                             |  |
| Company reg. no.:  |                              |                             |  |
| Have you or any associated or subsidiary company previously traded with this customer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| If YES, please comment on your trading experience:                                     |                              |                             |  |
|  |                              |                             |  |

3. Details of cover

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Amount of cover required:                         |                              | Commencement date required: |  |
| Estimated annual turnover with buyer:             |                              |                             |  |
| Is this a single transaction?                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Details of transaction:                           |                              |                             |  |
| Please provide the reason for the cover required: |                              |                             |  |
|   |                              |                             |  |



4. Credit control

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| What are the agreed payment terms?                                  |                              |                              |                             |
| EOM <input type="checkbox"/>  | DOI <input type="checkbox"/> | (Please tick as appropriate) |                             |
| How many days after the due date will you put this account on stop? |                              |                              |                             |
| Date of oldest outstanding invoice:                                 |                              | Invoice amount:              |                             |
| Is this account overdue or giving cause for concern?                |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If YES, please provide details:                                     |                              |                              |                             |
|   |                              |                              |                             |
| Total amount outstanding with this buyer:                           |                              |                              |                             |

5. Current credit insurance arrangements

|  |  |   |
|--|--|---|
| If you currently have credit insurance please complete this section. |  |   |
| Name of current insurer:   |  |   |
| Credit limit requested:  |  |   |
| Credit limit currently endorsed*:                                    |  | *Please provide a copy of the endorsement |
| If recently reduced, please state your previous credit limit:        |  |   |

6. Other information

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Will transactions with this customer represent a significant proportion of your annual turnover?*                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Will this customer's debt be significant in relation to total debtors?*   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you or any of your directors or shareholders have a financial interest in this customer?*                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you had a policy cancelled, proposal declined or renewal refused by an insurer, in connection with this customer?* | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is there any reason other than prudence for you to request insurance in respect of the customer?*                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are there any special or unusual facts relating to this risk?*  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are there any other circumstances you need to tell us about so as to give us a fair presentation of this risk?*         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| *If YES to any of the above, please provide details (and please use a separate sheet if necessary).                     |                              |                             |
|   |                              |                             |



7. Please attach the following documents in support of your proposal:

- Copy of current credit limit endorsement (where applicable)
- Copy of latest management accounts for the buyer (where the amount of cover requested is more than £200,000)
- Copy of the current statement of account (where applicable)

8. For customers domiciled in Eire only

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>For the purposes of the Consumer Insurance Contracts Act 2019:</b>  |                              |                             |
| Was your total annual turnover and the turnover of all associated companies included on this form over €3m in your previous financial year?                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If <b>NO</b> then:   |                              |                             |
| Are you and all of the associated companies included on this form part of a group whose total annual turnover in their previous financial year was over €3m? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



9. Declaration

We declare:

- That the information given in this form is to the best of our knowledge and belief correct
- That we are not aware of any circumstances which we have not disclosed to you which might influence your decision about whether to accept the risk and, if so, on what terms
- That the buyer is not a subsidiary or associated company of ours and that we have no interest direct or indirect in the buyer.

Signature

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Name of Signatory

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Position in Company

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Date

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## Data Protection Notice

Your attention is drawn to the Data Protection Notice which we provide with your policy documents and proposal forms. If you do not have this document, please contact us immediately at [creditsupport@tmhcc.com](mailto:creditsupport@tmhcc.com)

### Contact Us

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