

# Trade Credit

## Constructor Whole Turnover Credit Renewal Proposal Form



1. Details of applicant

Company name:			
Contact:		Company reg. no.:	
Address:			
Postcode:		Telephone no.:	
Email:			
Associated company(ies) requiring cover?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please give details below (continue on separate page if necessary):			
Name:		Company reg. no.:	
Name:		Company reg. no.:	

2. Nature of your business

Has the nature of your business changed since the last proposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please provide details:		

3. Turnover - (please exclude cash sales, VAT, government sales, inter-company trading)

Please enter the currency used to fill in this form (tick one only):	EURO <input type="checkbox"/>	GBP <input type="checkbox"/>	USD <input type="checkbox"/>
Estimated annual turnover in your home country:		Export:	*
*Please complete supplemental schedule of export turnover			
Annual no. of customers:			



4. Payment terms and on stop procedures

What are your normal terms of payment?		% of customers on these terms	
Payment terms		% of customers on these terms	Suspension: number of days after payment due date you suspend work
Up to 30 days from payment certificate			
30 to 60 days from payment certificate			
60 to 70 days from payment certificate			
The next section should only be completed if you require cover for supply only contracts.			
Payment terms		% of customers on these terms	On stop: number of days after payment due date you put the account on stop
Up to 30 days from invoice			
30 to 60 days from invoice (up to 30 EOM)			
60 to 90 days from invoice (up to 60 EOM)			
90 to 120 days from invoice (up to 90 EOM)			
If you wish to provide any additional comments, please attach a further sheet			

5. Optional cover

Do you wish to cover the following which you expect to be certified in the policy period:

Type of cover			Amount due
Retentions relating to work executed prior to this policy period commencing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Final account balances relating to work executed prior to this policy commencing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Do you wish to cover the following?

Type of cover			% of turnover	Length of time involved
Supply only contracts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Pre delivery costs in relation to supply only contracts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		



6. Overdue accounts

Have you any accounts which are seriously overdue, giving cause for concern or disputed even if previously notified to us?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, detail below (continue on a separate page if necessary):			
Name of contractor	Company reg. no.	Total amount outstanding	Date of oldest invoice

7. Other information

Are there any special or unusual facts relating to this risk?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please provide details (and please use a separate sheet if necessary):			
Are there any other facts or 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, please provide details (and please use a separate sheet if necessary):			



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"/>
<b>If NO then:</b>		
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 none of the buyers are subsidiaries or associated companies of ours and that we have no interest direct or indirect in any of the buyers
- We further declare that any previous proposal form submitted to you for a credit insurance policy forms part of this presentation of the risk to you for the purposes of this renewal and is to the best of our knowledge and belief correct except to the extent that the information is updated by this renewal proposal form.

Signature

---

Name of Signatory

---

Position in Company

---

Date

---

## 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

The Grange  
Rearsby  
Leicester  
LE7 4FY

**Tel:** +44 (0)1664 424000

**Email:** [creditsupport@tmhcc.com](mailto:creditsupport@tmhcc.com)

**Website:** [tmhcc.com](http://tmhcc.com)