



CA Lic # 0L78061  
Office: 800-320-7338  
Email: indications@ariglobal.com  
Website: www.ariglobal.com

## Application Instructions

You will need the following to complete the application:

- A. Sales and loss information for the past 3 years.
- B. Largest single write off each year for the past 3 years.
- C. Buyer name(s), country, city, state, phone, and credit limit.
- D. Current summary aging (Descending high to low by open balance if available).
- E. List of Countries in which you do business.

### Check List:

Completed and signed application.  
Insured client list with complete name, address, phone, and desired credit limit.  
Broker of Record letter.

### Example Broker of Record letter (on your company letterhead, sign and date):

To Whom It May Concern:

Please be advised that “Company Name” recognizes *ARI Global* as our broker of record regarding our receivable insurance matters.

### Assistance/Remit to:

#### Corporate Offices:

*ARI Global, Inc.*  
412 E. Madison St. #1000  
Tampa, FL 33602

Office: 800-320-7338  
Email: indications@ariglobal.com  
Website: www.ariglobal.com



CA Lic # 0L78061  
 412 E. Madison St. #1000  
 Tampa, FL 33602  
 Phone: (800) 320-7338  
 Email: indications@ariglobal.com  
 Website: www.ariglobal.com

## MULTI-BUYER APPLICATION

### NAMED ONLY

SELECT ONE: Domestic  Export  Domestic and Export   
 (USA & Puerto Rico ONLY)

1. APPLICANT INFORMATION			
Company Legal Name		President's Name	
Company Address			
Policy Contact Name and Title		Phone	
Email		Fax	
Other entities/tradestyles to be covered			

2. BUSINESS DESCRIPTION							
Your business:	Manufacturing %	Wholesale %	Retail %	Other %			
Products and/or services to be covered:							
Any products custom made?	check if yes <input type="checkbox"/>	Terms of Sale?		Longest Terms of Sale?			
Any consignment sales?	check if yes <input type="checkbox"/>	Do you factor?		check if yes <input type="checkbox"/>			
Do you drop ship?	check if yes <input type="checkbox"/>	Do you have export sales?		check if yes <input type="checkbox"/>			
Export Terms?	Open Terms %	LOC %	CAD %	Cash %			
Existing credit insurance or currently negotiating?		If "yes", carrier name and expiry date					

3. ACCOUNTS RECEIVABLE SUMMARY		Domestic	Export
Approximate number of active accounts			
Approximate amount of annual sales		\$	\$
Estimated total outstanding receivables in peak months		\$	\$
Approximate A/R Balances below for the four prior quarters:			
1Q	date	\$	\$
2Q	date	\$	\$
3Q	date	\$	\$
4Q	date	\$	\$

4. (A) DOMESTIC SALES AND LOSS INFORMATION - (USA & PUERTO RICO ONLY)				
Past 3 Fiscal Years	Gross Domestic Sales	No. of Losses	Gross Losses	Single Largest Loss
date	\$		\$	\$
date	\$		\$	\$
date	\$		\$	\$
YTD Dom. Sales on Open Terms	\$		\$	\$
12 Months Projected Insured Domestic Sales on Open Terms			\$	

4. (B) EXPORT (SALES ON OPEN TERMS)				
Past 3 Fiscal Years	Gross Export Sales	No. of Losses	Gross Losses	Single Largest Loss
date	\$		\$	\$
date	\$		\$	\$
date	\$		\$	\$
YTD Exp. Sales on Open Terms	\$		\$	\$
12 Months Projected Insured Export Sales on Open Terms		\$		

5. DISTRIBUTION OF EXPORT SALES			
Normal Terms of Sale?		Longest Terms of Sale?	
List Top Countries By Sales	Sales	List Top Countries By Sales	Sales
1	\$	6	\$
2	\$	7	\$
3	\$	8	\$
4	\$	9	\$
5	\$	10	\$

6. PAST DUE TABLE (in 000's)					
List all debtors for coverage requested with undisputed amounts more than 60 days past due under original terms of sale, or that you have reason to believe will become 60 days past due or on a payment plan. If there are none, please indicate by writing "none", initial and date.					
Customer Name/Country	Terms of Sale	Shipment Dates	Account Bal.	60+ days	Reason for past due
1			\$	\$	
2			\$	\$	
3			\$	\$	
4			\$	\$	
5			\$	\$	
6			\$	\$	

Insurance carriers rely on the representations provided by you in, and in connection with, this application when making decisions regarding any policy they may issue. This application, the policy, and the declarations shall constitute the entire insurance agreement between you and the carrier, any verbal or written statement, promise or agreement, by any agent of the said insurer, or notice to or knowledge of such agent, broker or any other person, to the contrary notwithstanding. No loss which occurs prior to the payment of the premium will be covered even if the policy has been delivered. No broker is authorized to delete, modify, or waive any policy provisions, either verbally or in writing. It is also agreed that this application, whether as respects anything contained therein or omitted therefrom has been made, prepared, and written by the applicant or by his own proper agent.

**For your protection, State Law (in many states) requires the following to appear on this form: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and punishable by law" (New York statutes further state that fraudulent acts "shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation".)**

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED**

The undersigned hereby represents and warrants that the undersigned is duly authorized by the applicant to execute and submit this application for trade credit insurance.

Name & Title .	Sign & Date .		
Submitted by. ARI GLOBAL, INC.	Producer.	Location.	

REMARKS:

Remittance Checklist:

- List of Debtor names, addresses, phone numbers, credit limits
- Summary Aging
- Broker of Record Letter (BOR)



CA Lic # 0L78061  
 Office: 800-320-7338  
 Email: indications@ariglobal.com  
 Website: www.ariglobal.com

**CREDIT INSURANCE COVERAGE REQUESTS FOR:** \_\_\_\_\_

*\*NOT REQUIRED, helps with underwriting if available*

	<u>Name</u>	<u>Full Address (Including Country)</u>	<u>Yrs as Client*</u>	<u>12 Month High Credit*</u>	<u>Avg Days to Pay*</u>	<u>Total Due*</u>	<u>Amt &gt;60 Days*</u>	<u>Amount Requested</u>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

*\*Note: Requested coverage amount equals 12 month high credit*