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**NAMED ONLY APPLICATION FOR A BUSINESS CREDIT INSURANCE POLICY**

<b>INSURANCE COVERAGE REQUESTED</b> (Indicate "Yes" below)			
Domestic (U.S., Canada, and Puerto Rico ONLY)		Domestic and/or Export	

<b>1 APPLICATION INFORMATION</b>			
Company Legal Name			
Company President Name			
Complete Address			
Mailing Address (if different)			
Policy Contact Name		Title:	
Phone:	Fax:	E-mail:	
Other entities/tradestyles to be covered			

<b>2 BUSINESS DESCRIPTION</b>								
Your business:	Manufacturing	%	Wholesale	%	Retail	%	Other	%
Products and/or services to be covered								
Are any of your products custom made?		Normal Terms of Sale		Longest Terms of Sale				
Does your company sell to other than the United States, Canada and Puerto Rico?								
Export Terms?	Open Terms	%	LOC	%	CAD	%	Cash	%
Existing credit insurance or currently negotiating?		If "yes", carrier name and exp. date						

<b>3 ACCOUNTS RECEIVABLE SUMMARY</b>		Domestic	Export
Total number of active accounts			
Total amount of sales		\$	\$
Estimated total outstanding receivables in peak months		\$	\$
Provide dates and ending A/R Balances for the four prior quarters			
1Q (date)		\$	\$
2Q (date)		\$	\$
3Q (date)		\$	\$
4Q (date)		\$	\$

<b>4 (A) DOMESTIC SALES AND LOSS INFORMATION - (U.S., CANADA, AND PUERTO RICO)</b>				
Past 3 Fiscal Years	Gross Domestic Sales	No. of Losses	Gross Losses	Single Largest Loss
date	\$		\$	\$
date	\$		\$	\$
date	\$		\$	\$
12 Month Projected Insured Domestic Sales on Open Terms		\$		

**REMARKS:**

**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	\$		\$	\$

12 Month Projected Insured Export Sales on Open Terms \$

**5 DISTRIBUTION OF EXPORT SALES**

List top countries by sales	Payment Terms	Sales
1)		\$
2)		\$
3)		\$
4)		\$
5)		\$
6)		\$
7)		\$
8)		\$

**6. 60 DAY PAST DUE TABLE** (in 000's)

List all customers on which coverage is being 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. 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. 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.

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".)

Name/Title	Signature	Date

Submitted by	Name of Organization	ARI Global, Inc.	Location

**Breakdown of Portfolio:**

Domestic buyer A/R Balance		Foreign buyer A/R Balance	
Number of Accounts		Number of Accounts	
_____	\$1,000,000 plus	_____	\$1,000,000 plus
_____	\$500,000-999,999	_____	\$500,000-999,999
_____	\$100,000-499,999	_____	\$100,000-499,999
_____	\$50,000-99,999	_____	\$50,000-99,999
_____	\$20,000-49,999	_____	\$20,000-49,999
_____	\$10,000-19,999	_____	\$10,000-19,999
_____	\$0-9,999	_____	\$0-9,999
_____	Total	_____	Total

Remittance Check List: \_\_\_\_\_ Client list with name, address, phone, credit limit \_\_\_\_\_ Summary Aging \_\_\_\_\_ Broker of Record Letter