



Multi Buyer

Important Notice

1. This is a proposal for a contract of insurance, in which 'Proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
2. This proposal must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim. A material fact is one likely to influence Underwriters' assessment or acceptance of the proposal; if you are uncertain what may be a material fact, you should consult your broker.
4. You are recommended to request a specimen copy of the proposed policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

Proposer

Name: _____

Registered Number: _____

Address: _____

Post Code: _____

Website address: _____

Contact name: _____

Position: _____

Tel. No.: _____

E-mail: _____

Is cover required for any other group company? Yes No

If yes, please provide details: _____

Reasons for seeking credit insurance: _____

Proposer's Business Activities

Do you act as agent or principal? _____

What goods /services do you sell? _____

To which trade sector do you sell them? _____

Do you manufacture the goods that you sell? Yes No

What is the period from date of contract to date of shipment? _____

Do you have a written supply contracts with your Buyers?

Do you hold Retention of Title (ROT) rights?

Please comment on enforceability prospects of ROT rights & the resale value of your products:

Details of any collateral other than ROT held in respect of your Buyers:

Is your business seasonal? Yes No

If yes, please provide details: _____

What are your normal terms of payment? _____

What extended terms of payment do you sell on? _____

What proportion of your sales is on extended terms? _____

What is your average Days' Sales Outstanding? _____

Do you require any special features of cover (e.g. consignment stock; binding contracts, work-in-progress, self billing etc.)?

Past Experience

Currency: _____

Financial Year	Turnover*	Losses**	Recoveries**	Number of losses

* Please exclude VAT (unless it is to be covered by the policy, is so, please advise reasons), inter-company trading, any trading conducted on secure terms or other non-insurable items.

** Please provide details of losses and recoveries incurred net of VAT; recoveries to include items such as ROT but not credit insurance claim payments;

Please provide details of largest individual losses:

Financial Year	Name of Buyer	Cause of Loss	Value*	Recoveries*

* Please provide details of losses and recoveries incurred net of VAT; recoveries to include items such as ROT but not credit insurance claim payments;

Accounts Receivable Balances

Currency: _____

As at last:

31 March _____ 30 June _____

30 September _____ 31 December _____

Current Aged Debt Analysis

As at: _____

Currency: _____

Range	Value	% of Past Due resulting from Disputes
Current (not yet due)		
1-30 days overdue		
31-60 days overdue		
61-90 days overdue		
Over 90 days overdue		
Total		

Accounts Receivable Profile

As at: _____

Currency: _____

Please amend the debtor ranges if appropriate.

Range	Total debt outstanding	Number of Buyers	Range	Total debt outstanding	Number of Buyers
0 – 5,000			75,001 – 100,000		
5,001 – 10,000			100,001 – 250,000		
10,001 – 25,000			250,001 – 500,000		
25,001 – 50,000			500,001 – 1,000,000		
50,001 – 75,000			1,000,000 +		

Principal Buyers

Currency: _____

Name & address	Registered number or equivalent	Credit Limit required	Annual turnover	Terms of payment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Please continue on a separate sheet if necessary

List of Buyers more than 60 days overdue, accounts giving cause for concern and/or where deliveries have been stopped

As at: _____

Currency: _____

Name & address	Amount outstanding	Original due date	Action taken

Please continue on a separate sheet if necessary

Credit Procedures

We need a fully completed Markel International Credit Procedures Questionnaire and/or a credit manual before a Policy can be issued.

Do you have a credit procedures manual?
If yes, please attach.

- Yes No
 Attached

Other credit insurance policies, guarantees, securities

Do you hold any insurance policy, guarantee or security in connection with the credit risk on any of your customers?

- Yes No

If yes, what is it and when does it expire? _____

Do you factor, discount or otherwise assign your debts?

- Yes No

If yes, please provide details: _____

Have you ever had an insurance policy cancelled or a renewal refused by an insurer? Yes No

If yes, please provide details: _____

Proposal Form

The information provided in this Proposal will be treated in the strictest confidence and, if fully completed, will enable us to assess the risk and determine whether we can indicate terms.

Declaration

I hereby declare that I am authorised to complete this proposal on behalf of the Proposer; and the statements and particulars in this proposal are true and complete; and no material facts have been misstated or suppressed; and I am not aware of any circumstances that I have not disclosed to you which might influence your assessment of the risk; and I undertake to inform Insurers of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected; and I acknowledge that this proposal (together with any other information supplied to Insurers) shall be the basis of such contract.

Name of signatory: _____

Position in the company: _____

Signature: _____

Date: _____

For and on behalf of: _____ (Proposer's Name)

About Us

Markel International Limited is the London based subsidiary for the international operations of Markel Corporation and is one of the UK's leading specialist insurance companies. The company has developed its expertise through understanding and catering for niche markets. In each of these markets Markel aims to provide quality products and excellent customer service thereby establishing the Markel brand as a market leader.

The company operates in the UK through two commercial entities: Markel International Insurance Company Limited, its London based insurance company and Markel Syndicate 3000, its 100 per cent owned Lloyd's syndicate. In both of these business environments Markel International offers a wide range of products, with its considerable underwriting expertise organised around the following product lines: Marine & Energy, MGA, Specialty, Professional Liability and Retail.

For more details about our products, please visit our website at www.markelintl.com

