

# Trade Credit

## Constructor Whole Turnover Credit 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

Please enclose your latest financial report and accounts together with any brochures / leaflets you feel may be of assistance

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. Trading record

Financial year ending:					/ytd
Turnover (excluding cash sales, VAT, govt. sales, intercompany trading):					
Total bad debts (including uninsured losses):					
Distribution / salvages:					
Net bad debts:					
Number of bad debts:					
Largest individual bad debt:					
Name of largest bad debt:					



5. Previous credit insurance

Have you previously had credit insurance?				YES	NO <input type="checkbox"/>
If YES, who was your policy with?		Policy expiry date:			
Financial year ending:					/ytd
Net claims after excesses and uninsured proportions:					
Number of claims:					
If policy contained aggregate deductible - state amount:					

6. 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.			

7. Debtor analysis

Debt (amount outstanding at one time) £ / € / \$	Number of contractors	Amount outstanding	% of total amount outstanding	Remarks
Up to 1,000				
1,001 - 2,500				
2,501 - 5,000				
5,001 - 10,000				
10,001 - 25,000				
25,001 - 50,000				
50,001 - 100,000				
100,001 - 500,000				
500,001 and over				
Total				



8. Details of main contractors

Please indicate the credit limit you are likely to require. Please note this is not a request for the credit limit itself which is made by separate application when the insurance policy terms are agreed.

Name of contractor	Company reg. no.	Credit limit

9. 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"/>		

10. Overdue accounts

Please detail those accounts which are seriously overdue or giving cause for concern.

Name of contractor	Company reg. no.	Total amount outstanding	Date of oldest invoice





12. 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"/>

13. 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 contractors are subsidiaries or associated companies of ours and that we have no interest direct or indirect in any of the customers.

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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