



## Trade Credit Insurance Quotation Form

Please complete ALL relevant sections of this form as accurately as possible to ensure your quotation is correctly calculated. Should there be any questions you are unsure of, please request a call back and one of our business insurance specialists will call you to provide assistance.

Steps:

1

2

3

### About you

Your full name/s:

Company / Trading name: (to appear on policy)

Nature of your business:

Type of business:

Correspondence / Postal address:

Post code:

Primary business address:

Post code:

Years established at this address:

Best daytime phone number:

Fax number:

Email address:

Website:





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## Your financial details

Please provide figures for the following:

### Turnover

Financial year to date:	<input type="text"/>	Last financial year:	<input type="text"/>
Year end:	<input type="text"/>	Previous financial year:	<input type="text"/>

### Major Clients (by value of outstanding credit)

	Name	Location	Company reg. number	Credit limit required
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are credit terms offered from the end of the month or from the date of invoice:

Number of days credit terms are offered to your clients:





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### Your financial details

Please provide the total amount of bad debt losses your business has incurred for each of the following financial years

#### *Bad Debt Losses*

	This financial year	Last financial year	Previous financial year
Total losses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of losses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Largest individual debt	<input type="text"/>	<input type="text"/>	<input type="text"/>
Debtor name / reg no.	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### *Terms & Conditions*

I/we have read and agree to the LRO Insurance [Terms & Conditions](#)

