

Application (Single Debtor) Instructions

You will need the following to complete the application:

- A. Sales information for the past 2 years (if applicable);
- B. Buyer name(s), country, city, state, phone, and credit limit;
- C. Current summary aging.

Check List:

Completed and signed application.
Financial statement & credit report (if available).
Broker of record.

Example Broker of record letter:

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.
1311 N. Westshore Blvd. #315
Tampa, FL 33607

Office: 813-288-8680

Fax: 813-288-8682

Website: www.ariglobal.com

ARI Global, Inc.

1311 N. Westshore Blvd., Suite 315
 Tampa, FL 33607
 Website: www.ariglobal.com



Phone: (800) 320-7338
 Fax: (800) 545-5159

NAMED ONLY APPLICATION FOR A SINGLE DEBTOR

INSURANCE COVERAGE REQUESTED (circle one)		Domestic	Export (all others)
Reasons for application	Risk Mitigation	Financing	Extend more competitive terms
		Other (explain):	

1 APPLICANT INFORMATION			
Company Legal Name			
Company President Name			
Company Address			
Mailing Address (if different)			
Policy Contact Name		Policy Contact Title	
Phone	Fax	E-mail	
Other entities/trade styles to be covered			

2 BUSINESS DESCRIPTION	
Products and/or services:	Are any of your products custom made? check if yes
Please describe the transaction:	
Has this request been declined by another insurer? check if yes	If yes, please provide name(s) of other insurer(s):
Existing credit insurance or currently negotiating? check if yes	If "yes", carrier name and expir. date

3 DEBTOR INFORMATION	Credit limit requested: \$	Invoicing currency:
Name:	Terms of sale:	
Address:		
If payment terms are letter of credit, specify the issuing bank:		
Country from which the products are to be shipped and by whom:		
Country to which the products are to be shipped and to whom:		
Country in which the buyer's obligation will be payable:		
What documents will you have to evidence the buyer's obligation to pay you (e.g., written purchase orders, invoices, bills of lading, drafts, etc.)?		
If a policy is issued, will the amounts insured under the policy be the only amounts owed by the buyer to you? Yes No. If no, please explain what other obligations may be outstanding during the policy period:		
Describe any collateral or other security (e.g., stand by letter of credit, etc.) that you have or will have for either insured or uninsured obligations of the buyer. If none, state "None".		

4 CREDIT EXPERIENCE SUMMARY

Describe buyer's payment history:	No prior experience	Prompt/discount	1-30 days slow	31-60 days slow	more than 60 days slow
			20____		20____
Total Sales		\$		\$	
Highest amount outstanding		\$		\$	
Payment terms					
Amount currently outstanding: \$		Amount 60 days past due (explain) \$			
Describe any direct or indirect ownership interest or family relationship which exists between you and the debtor or any guarantor. If no such relationship exists, state "None."					

5 DOCUMENTATION (Attach). Please provide Purchase Order or Supply Contract.

If debtor is privately held: (A) Credit report (less than 12 months old) and (B) Buyer's financial statements for the two most recent fiscal years, with interims, if available.

6 ACKNOWLEDGMENTS

The applicant certifies that the representations made and the facts stated in this application are true to the best of its knowledge and belief, and that it has not misrepresented or omitted any material facts relevant to said representations.

By signing this application you are confirming that you understand the following: (A) This application may be submitted to admitted and non-admitted insurance carriers. It may also be written on an excess and surplus lines basis, in which case you will not have protection of the insurance guaranty act or similar act. (B) Surplus lines policy language and rates are not approved by any state regulatory agency. (C) This policy is not renewable.

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 statues 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
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Submitted by		Name of Organization: <i>ARI Global, Inc.</i>
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Comments: