

Renewal Confirmation

Credit risk management, without the risk

YOUR COMPANY DETAILS

Company Name: Contact Name:.....
 Policy Number: Position:
 Company ID Number: Telephone:.....
 E-mail:

TURNOVER

Please provide your insurable turnover in the currency of the policy from the policy inception date to the present & your estimate for the whole policy period.

Insurable Turnover year to date:
 Estimated Insurable Turnover for full policy year:

Please confirm the breakdown of your Estimated Insurable Turnover for the forthcoming policy year:

Country	Sales	Number of Customers
.....
.....
.....
.....
.....
.....
.....
.....
	Total.....	Total

TRADING LOSSES

Please confirm details of trading losses relating to the expired policy period which you have not previously notified us about in writing:

Name of Debtor	Amount of Loss
.....
.....
.....

OVERDUE ACCOUNTS

Please provide details of any customers whose balances are seriously overdue or giving cause for concern which you have not previously notified us about.

Name of Customer	Balance Outstanding	Due Date of Earliest Invoice
.....
.....
.....

SALVAGE

Have you received any recoveries by way of dividends or other amounts in respect of debts where we have paid a claim? Yes No

If Yes, please provide details:

Name of Debtor	Amount Received
.....
.....
.....

