



Jardine Lloyd Thompson Pty Ltd  
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**PRELIMINARY CREDIT INSURANCE QUESTIONNAIRE – DOMESTIC & EXPORT**

**NAME OF APPLICANT:** \_\_\_\_\_

**ACN/ABN No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**JOINT APPLICANTS TO BE INCLUDED:**

**Company Name:** \_\_\_\_\_

**ACN/ABN:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**ACN/ABN:** \_\_\_\_\_

**Description of goods/services sold:** \_\_\_\_\_

**Normal Terms of Payment:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Consignment Stock Trading**    Yes     No

**Forward Dating of Invoices**    Yes     No

**Early Close Off**    Yes     No     On/after \_\_\_\_\_ of month

**Retention of Title**    Yes     No

**Personal Guarantees**    Yes     No

**Estimated Sales for the next 12 months:**    \$ \_\_\_\_\_

**Total Debtors as at the end of last month:**    \$ \_\_\_\_\_    **Date:** \_\_\_\_\_

**TOTAL OF DEBTORS BALANCES:**

**As at 31<sup>st</sup> March last:**    A\$ \_\_\_\_\_    **As at 30<sup>th</sup> September last:**    A\$ \_\_\_\_\_

**As at 30<sup>th</sup> June last:**    A\$ \_\_\_\_\_    **As at 31<sup>st</sup> December last:**    A\$ \_\_\_\_\_

**SPREAD OF RISK**

<b>DEBT (balance outstanding at any one time)</b>	<b>NUMBER</b>	<b>DEBT (balance outstanding at any one time)</b>	<b>NUMBER</b>
Over \$1 million		\$25,001 to \$50,000	
\$500,001 to \$1m		\$10,001 to \$25,000	
\$250,001 to \$500,000		\$5,001 to \$10,000	
\$100,001 to \$250,000		\$5,000 or below	
\$50,001 to \$100,000			

**PREVIOUS EXPERIENCE**

FINANCIAL YEAR ENDING	*TURNOVER	TOTAL BAD DEBTS	NET BAD DEBT LOSSES	NUMBER OF LOSSES	TWO LARGEST BAD DEBTS PER YEAR	CUSTOMER NAME AND COUNTRY (if applicable)	COMMENTS
20__	\$	\$	\$		\$		
					\$		
20__	\$	\$	\$		\$		
					\$		
20__	\$	\$	\$		\$		
					\$		
Year to date	\$	\$	\$		\$		
					\$		

\* Credit sales turnover (excluding Government, Intercompany Sales and GST)

**ANALYSIS OF TURNOVER (Complete for Export Only)**

COUNTRY	NUMBER OF BUYERS	MAXIMUM CREDIT PERIOD
1 .....		
2 .....		
3 .....		
4 .....		
5 .....		
6 .....		
7 .....		
8 .....		
9 .....		
10 .....		

**MAJOR ACCOUNTS (PLEASE PROVIDE FULL DETAILS AS REQUESTED)**

NAME & ADDRESS	ACN NO. Or Company Registration Number (Export)	CREDIT LIMIT REQUIRED A\$	ESTIMATED ANNUAL SALES A\$
1 _____ _____			
2 _____ _____			
3 _____ _____			
4 _____ _____			
5 _____ _____			
6 _____ _____			
7 _____ _____			
8 _____ _____			
9 _____ _____			
10 _____ _____			

**MAJOR ACCOUNTS –cont’d.**

NAME & ADDRESS	ACN NO. Or Company Registration Number (Export)	CREDIT LIMIT REQUIRED A\$	ESTIMATED ANNUAL SALES A\$
11 _____ _____			
12 _____ _____			
13 _____ _____			
14 _____ _____			
15 _____ _____			
16 _____ _____			
17 _____ _____			
18 _____ _____			
19 _____ _____			
20 _____ _____			

**OVERDUE ACCOUNTS:** Please list on a separate sheet details of accounts seriously overdue or causing concern.

**CREDIT MANAGEMENT**

How do you investigate the credit worthiness of your customers?

Mercantile Agency      Yes       No

If yes, please provide the name of the agency: \_\_\_\_\_

Trade References:      Yes       No       Bank Opinion:      Yes       No

Are Credit Limits established from previous experience?      Yes       No

Who in your company is responsible for Credit Management procedures adopted?

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Are the following procedures used for overdue accounts?

Reminder by telephone or fax:      Yes       No       If yes, how many days after due date? \_\_\_\_\_

Reminder in writing:      Yes       No       If yes, how many days after due date? \_\_\_\_\_

Stop Credit:      Yes       No       If yes, how many days after due date? \_\_\_\_\_

Legal Action:      Yes       No       If yes, how many days after due date? \_\_\_\_\_

Use of Collection Agencies:      Yes       No

If yes, which collection Agency and how many days after the due date are they instructed?

\_\_\_\_\_

Our Bankers are: \_\_\_\_\_ Branch: \_\_\_\_\_

**YOUR DUTY OF DISCLOSURE**

Before you enter into a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to them every matter that you know, or could reasonably be expected to know, is relevant to their decision whether to accept the risk of the insurance and, if so on what terms.

You have the same duty to disclose those matters to the Insurer before your renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require the disclosure of a matter that:

- A) diminishes the risk taken by the Insurer
- B) is of common knowledge
- C) the Insurer knows or, in the ordinary course of their business ought to know; or
- D) they say, does not matter to them.

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non disclosure is fraudulent, they also have the option of avoiding the contract from its beginning.

**DECLARATION BY THE INSURED**

I/We declare that we have read and understood the notifications above and that the information given on this form (*including any additional lists , forms, schedules or attachments*) is to the best of our knowledge and belief correct and I/We are not aware of any circumstances which we have not disclosed to the Insurer which might affect their decision whether to accept the risk.

**Company Stamp or Full Name of Company ABN/ACN**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Signatory:** \_\_\_\_\_ **Position in Company:** \_\_\_\_\_