



CORPORATE SERVICES

B U R E A U

RISK ASSESSMENT QUESTIONNAIRE

[Specific Account/Contract Enquiry]

The information requested will help in assessing your credit risks and in advising which policy is most suitable for your company. You must ensure that all relevant information is divulged. Any material omissions may jeopardise your position with any subsequent policy/claim(s).

All information will be treated in confidence and only divulged to potential insurers.

Applicant Details					
Company Name					
Address					
Telephone No.		Fax No.		Email	

Nature of Business	
Type of goods/services	
To what trade sector are they sold?	

Customer's Details	
Customer's Full Name	
Address	
Company Registration Number (if known)	
Turnover with this Customer over next 12 months	
Credit Terms	
Credit Limit Required	
How long have you traded with this Customer?	
How promptly does the Customer pay in relation to the due date?	

Risk Assessment Questionnaire [Specific Account/Contract Enquiry]

Aged Analysis of Customer's Account as at/...../..... (dd/mm/year)					
Current – not yet due	1 – 30 Days	31 – 60 Days	61 – 90 Days	Over 90 Days	Total
£	£	£	£	£	£

Why has this Customer/Contract been selected for insurance?

Supporting Information
Status Report on Customer (and Parent Company, if applicable)
Latest Annual Report and Accounts for the Customer (and Parent Company, if applicable)
Credit Application Details
Trade References
Comments

Signed by: _____ **Date:** / /

Position: _____

Company: _____