



CORPORATE SERVICES

B U R E A U

RISK ASSESSMENT QUESTIONNAIRE

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(s)	
Address	
Telephone No.	
Fax No.	
Email Address	

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

Turnover [Excluding sales to Associate/Subsidiary Companies or Public Sector]			
Countries of Trade	Estimated Annual Sales (Excluding VAT)	Approx. No. of Accounts	Normal Terms of Payment (If you agree longer terms then also indicate)
UK, Channel Islands and Isle of Man			
Overseas Markets (provide breakdown at Section 8)			

Risk Assessment Questionnaire

Past Experience [Detail any abnormally high loss in any one year i.e. buyer name, reason for loss etc.]				
Financial Year End	Turnover(Exc.VAT)	Total Losses	Number of Losses	Largest Single Loss
/previous full year				
/previous full year				
/previous full year				
/last full year				
Year Todate				

Debtor Profile [Excluding sales to Associate/Subsidiary Companies or Public Sector]							
Outstanding Balance (At any one time)	No.	Total Debt (£)	% of GT Debt	Outstanding Balance (At any one time)	No.	Total Debt (£)	% of GT Debt
Over £1,000,000				£10,001 - £25,000			
£500,001 - £1,000,000				£5,001 - £10,000			
£250,001 - £500,000				£2,501 - £5,000			
£100,001 - £250,000				£1,001 - £2,500			
£50,001 - £100,000				Upto £1,000			
£25,001 - £50,000				GRAND TOTAL DEBT			

Debtor Aged Analysis as at...../...../..... (dd/mm/yr) [Excluding sales to Associate/Subsidiary Companies or Public Sector]					
Current – not yet due	1 – 30 Days	31 – 60 Days	61 – 90 Days	Over 90 Days	Total
£	£	£	£	£	£

Overdue Accounts etc.	
Do you have any seriously overdue customers or accounts giving cause for concern? If so, please attach details of due dates, amounts owing and the steps you are taking to recover the proceeds.	No Yes (Details attached) (Delete as appropriate)

Risk Assessment Questionnaire

Principal Customers					
	Customer Name	Country	Company Registration No.	Credit Limit Required	Annual Turnover
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Principal Export Markets [Add any other countries on a separate sheet and ensure that you list all countries to which you sell]			
	Country	Turnover	No. of Buyers

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

Position: _____

Company: _____