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PROPOSAL FORM TRADE CREDIT

Please Note

1. Please answer **ALL** questions in full. If there are insufficient spaces on the form, please continue on the company letterhead.
2. The latest audited Financial Statements / Annual Report / Interim Report **MUST** be attached.
3. This form may be used for new applications or new renewals. In the case of renewals, the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports, and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
4. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If SKYBRIDGE RE agrees to issue a bond or professional indemnity policy, all of the information, which the company provides, will become part of and shall form the basis of any policy issued to the Company by Skybridge Reinsurance Brokers.

Section 1: Applicant's Details

Name:			
Address:			
Telephone Number:			
Email Address:			
Company's Registration/Person's ID or Passport Number:			
Contact Details:	Name:	Position:	
	Telephone:	Email:	
Applicant Trading Names:			
Main Trading Activity:			

Section 6: Applicant Corporate Information

Incorporation date:				
What date the Applicant commenced trading:				
Applicant registered address:				
Are there any debts to the Companies Registrar?				
List all directors of the Applicant:				
##	Full name	Residential address		
01				
02				
03				
04				
05				
06				
07				
08				
09				
List all senior officers of the Applicant:				
##	Full name	Position		
01				
02				
03				
04				
05				
06				
07				
08				
09				
List all shareholders of the Applicant:				
##	Full name	Country of domicile	Number of shares	% of 100%
01				
02				
03				
04				

05				
06				
07				
08				
09				
10				

List all registered charges, liens, mortgages of the Applicant:

##	Beneficiary	Date	Reason of registration	Amount due
01				
02				
03				
04				
05				

Section 7: Applicant Trading Address

Full trading address:			
Virtual/Serviced Office/Rented/Leased/Owned:			
Applicant in this address since:		When tenancy agreement ends:	
Opening hours:			
How many employees the Applicant employs in this address:			
Any debt to the Landlord:			

Section 8: Banks

With which banks the Applicant has accounts			
##	Bank name	Branch	How much money the Applicant owes this bank
01			
02			
03			
04			

<p>Has any bank closed the Applicant account for any reason in the past 5 years (If "yes" – please provide details):</p> <hr/> <hr/>
<p>Please summaries your credit history with your banks:</p> <hr/> <hr/> <hr/>

Section 9: Trading History

<p>Applicant turnover each of the past 3 years:</p> <hr/> <hr/>	
<p>List and gross income of all client</p>	
Full name	Gross income

Section 10: Request

<p>Please list Applicant's request per Client :</p> <hr/> <hr/> <hr/> <hr/>

Section 11: Legal History

Has the Applicant and/or any of the directors and/or any of the shareholders been declared insolvent, bankrupt, went into administration, is or was under judicial management in this company or another (if "yes" – please provide details):

Are there any financial or commercial claims against the Applicant or any of the directors or shareholders (if "yes" – please provide details):

Section 12: Collateral/Security

Please list your proposed collateral/security for this requested surety:

Section 13: Required Attachments

Please provide:

- Financial Statements: audited or reviewed for at least previous fiscal 2 years.
- Copy of contract or transaction agreement under which this surety is applied for.
- If specific wording is required, please provide sample wording.
- Applicant certificate of incorporation.
- Applicant certificate of currency.

Section 14: Applicant's Declaration

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

Full name:

Capacity:

Signature:

Date:
