

# TRADE CREDIT INSURANCE

Application for indemnity

## Applicant

Name, Surname: \_\_\_\_\_ Personal No: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Applicants represented company's data:

Name of the company: \_\_\_\_\_ Reg.No: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## General information

Policy No: \_\_\_\_\_

Policy holder's deductible is (% from insurance indemnity): \_\_\_\_\_

Are other insurance contracts in force in relation and in force to this accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(state the insurance company)
---	--	-------------------------------

## Information on debt and debt defaulting purchaser (for each buyer submit a separate application):

The buyer who do not meet debt obligations:

Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

BTA coverage with credit decisions \_\_\_\_\_ series number \_\_\_\_\_, that the buyer provides credit limit \_\_\_\_\_ (Amount / currency) with a credit period date of \_\_\_\_\_ and \_\_\_\_\_ day waiting period.

Information of the partly or fully unpaid invoices (invoice) (if necessary, add on an additional sheet):

Issue date of the invoice	Invoice number	Total amount/currency of the invoice	Unpaid amount/currency
Total:			

## Applicant

Name, Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## General information about potential insurance event

Developments in the description in detail, in chronological order, showing what happened, to recover the debt waiting period, activities and other important facts. (If necessary, attach a separate sheet.)

## Insurance indemnity transfer to account

Insured       Authorized person (Authorization must be presented)       Other person

Receiver of an indemnity:

Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Name of the bank: \_\_\_\_\_

Account number: \_\_\_\_\_ Currency: \_\_\_\_\_

## Information about attached documents

- |   |   |
|---|---|
| <input type="checkbox"/> Applicants passport or drivers license copy  | <input type="checkbox"/> A copy of the insurance policy   |
| <input type="checkbox"/> Documents attesting to recover the debt from the buyer's activities correspondence, received claims, etc.) | <input type="checkbox"/> The documents, which show the buyer's outstanding commitments (founding Documents must be submitted to the full version, together with all attachments, amendments, acceptance - transfer laws, bills, invoices, etc.) |
| <input type="checkbox"/> Credit limit decision copy   | <input type="checkbox"/> Other _____  |

### By signing this application:

1 I acknowledge that I am aware that in relation to this insurance claim, BTA will record telephone and oral conversations, and record other information related to the potential insured event by means audio and video recording and storage devices with the right to use these records as evidence in court in a dispute regarding insurance indemnity payment;

2 I confirm that the information provided is true, complete and accurate. It has been explained to me that in the case of being provided with untruthful or deceptive information, BTA is entitled to reduce the size of insurance indemnity or reject in its payment, as well as that it entails criminal liability under Section 177 (fraud) or Section 178 (insurance fraud) of the Criminal Law. Should BTA reduce the size of insurance indemnity or reject in its payment based on the aforementioned reasons, I pledge to compensate all damages caused thereby;

3 I am aware that insurance indemnity payment is made only after all the necessary documents confirming insured event occurrence and the losses caused thereby, are submitted to BTA;

4 I agree that in cases, when the insurance indemnity disbursed by BTA covers a part of the losses caused as a result of the insured event, BTA is entitled to exercise its rights to recourse claim against the person at guilt for losses irrespective whether the Insured does or does not exercise its rights to bring claim against this person.

5 I confirm that I am entitled to sign this application.

BTA informs that execution of the concluded insurance contract entails rights for BTA under the Personal Data Protection Law: in compliance with this Law, to process the personal data specified in this application for the provision of insurance services and namely: for adjustment of the reported insurance risk occurrence, for decision making on regarding the insured risk occurrence an insured event, for insurance indemnity size estimation and insurance indemnity payment.

Hereby I grant my consent to BTA to process my personal data, incl. identification codes for conducting statistical, market and public opinion studies, analysis and reporting, as well as conducting customer surveys and for risk management purposes.

### Applicant

Name, Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Is filled in by BTA representative!

Received on: \_\_\_\_\_

Name, surname of the receiver: \_\_\_\_\_

Signature: \_\_\_\_\_