



*Information Support  
Protection*  
**SELLER'S  
RISK**

**Form No: 500 SP**

The information contained in this form is for the use of SLECIC Credit Insurance and shall be treated with complete confidentiality

## **PROPOSAL FOR SELLER'S RISK POLICY - SERVICES**

We, M/s..... of .....

..... hereby apply for a SELLER'S RISK POLICY - SERVICES to indemnify us against *Commercial* and *Non Commercial Risks* associated with rendering services to our buyers commencing from .....

**(Date)**

This Proposal Form and any supporting documents, details and representations constitute proposal information and form the basis of the insurance policy.

All material facts and information that are likely to influence the assessment or acceptance of these risks should be disclosed.

We declare as under

### **1. EXPORTER'S INFORMATION**

Company Name			
Address (for all correspondence)			
Contact Person			
Position			
Status of the Exporter	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Private Limited Company <input type="checkbox"/>
	Public Limited Company <input type="checkbox"/>	Statutory Corporation <input type="checkbox"/>	
Name & Address of the Proprietor/Partners/Director (attach a copy of Form 20)			
Tele/Fax/Email			
Company registration No. (attach a copy)			

### **2. DESCRIPTION OF BUSINESS**

Type of service to be insured	
Main Service	
Nature of business (state which)	
Year of commencement of business	
Year of commencement of exports	
Bankers (Particulars)	

**3. PRINCIPAL LOSSES & INSURANCE**

Buyer defaults during the	Last 3 years		Last 5 years	
Largest single default	Amount		Year	
Export factoring or export credit insurance arrangements (if any)				

**4. TURNOVER**

Details of the export business (Please enter "NONE" in appropriate columns if not applicable ) (Please state the currency for all figures in this proposal and attach your most recent audited financial accounts)				
Name of the buyer	Country	Terms of payment	Turnover in last twelve months (LKR/USD in Mn)	Estimated Turnover next 12 Months (LKR/ USD in Mn )
<b>Total</b>				

## 5. AFFILIATED COMPANIES

Name & address of associated and subsidiary companies (ie. Buyers in whose business you have financial interest and your percentage of interest)

## 6. CREDIT MANAGEMENT

Who is responsible for the company's credit management?	Name
	Position
<b>a.</b> Due diligence carried out before accepting a buyer	
<b>b.</b> How many days after due dates do you normally	
Stop further services	No. of days
Take collection action	
Take legal action	

## 7. DECLARATION

- 01. (i)** We undertake to submit applications for *Credit Limits* wherever required in terms of the conditions of the Policy, and we understand that you may at your discretion approve or reject or approve a lower limit.
- (ii)** We declare that we are not aware of any circumstances relating to any particular buyer or any previous transaction with the buyer which might adversely affect the risk insured under this policy. We further declare and undertake that in the event of this *Proposal* being accepted and a Policy is issued, we shall at all times during the currency of the Policy forthwith notify you of any circumstances which might adversely affect the risks insured under this policy.
- (iii)** We declare that we shall not assign any rights to any party under this policy without your prior consent in writing.
- (iv)** We undertake that unless otherwise you agreed in writing, this policy shall not cover:
- (a)** The services rendered to any buyer after we have received adverse information that may give rise to a loss. (which we undertake to keep you informed)
  - (b)** The services rendered for which the payment in full was made in Sri Lanka prior to the date of the transaction.
- (v)** We undertake that we exercise due diligence, all reasonable care and prudence in providing credit to our buyers and continue to exercise such diligence, care and prudence until such credit is repaid.

**02.** We undertake that in the event of you paying us a claim in respect of the services rendered in terms of the policy we shall, upon request by you, assign and transfer to you our right to receive any monies payable under such contract or all right of recovery that may be available to us against the buyer.

**03.** We hereby declare and certify that all the representations made and facts stated by us in the proposal and in any other application are true and that we have not misrepresented or omitted any material fact which might have a bearing on our decision to issue this policy, and we agree that such representations and facts and due performance of each and every undertaking contained herein in the policy shall be a condition precedent to any liability of you under the policy.

<b>Signature</b>		<b>Date</b>
<b>Name and Capacity of Signatory</b>		
<b>Company stamp</b>		
(If there is no company stamp, please write "duly authorised to sign for and on behalf of ..... ....." company name)		
<b>Telephone No.</b>		
<b>Note</b> 1. In the case of incorporated companies this proposal should be signed by an authorised officer for and on behalf of the company, with the company seal.  2. In the case of partnerships, the Proposal should be signed by partners of the firm.		