GREAT AMERICAN INSURANCE COMPANY

COMPREHENSIVE CREDIT INSURANCE POLICY (MULTIBUYER) APPLICATION

This application can be used for all multi-buyer credit insurance products. Please indicate in Question 8 the type of coverage applied for and answer all questions that pertain to the requested coverage.

1.	Name of Applicant:							
	Address:	Address:						
	Telephone:	Fax:	E-Mail:					
2.	Name/Address/License No. o	of Insurance Agent/Broker :						
3.	Primary reason for applicatio	n (check one):						
	☐ Risk Mitigation	Extend More Competitive Terms						
	☐ Financing Name of	Financing Bank:						
	Other (explain):							
4.	Coverage Requested:	☐ Nonpayment ☐ Other (expl	lain)					
5.	Number of years selling on c	redit terms: Domestic	Export					
6.	Products/Services:							
	Countries from which products are sourced:							
7.	Is coverage requested for do	mestic sales, foreign sales, or both?						
	Please complete the remaining	ng sections that pertain to the requeste	d coverage.					
8.	Percent of Domestic Buyers:		Percent of Foreign Buyers:					
		% Manufacturers						
		% Wholesalers/Distributors/Dealers	S					
		% Retailers						
		% End Users						
	100%	Total	100%					
9.	Percent of Foreign Buyers:							
	-	% Private	_ % Government					
10		diary or majority-owned affiliate also involved include under this insurance policy (pl	voicing domestic sales in its name and lease include those sales when answering					
	Company	City/State/Country	Relationship to Applicant					

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countries other	than the United	States?		isted above in item 11 from
12. a) Sales made	e during the last t	hree years and projec	cted for the next twelve	e months:
	<u>Dor</u>	<u>mestic</u>	<u>Fo</u>	<u>oreign</u>
Year	Cash in Advance	All Other Credit Terms	LC & Cash in Advance	All Other Credit Terms
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Next 12 Months	\$	\$	\$	\$
3. Credit Limit pro		r (projected for next 12	Foreign: \$ 2 months):	
Number of Buyers in F		Credit Limit		er of Foreign s in Range
		\$ 0 - \$5,00	00	
		5,001 - 25,00		
		25,001 - 50,00		
		50,001 - 75,00		
		75,001 - 100,0		
		100,001 - 300,0	00	
		300,001 - 500,0		
		500,001 - 1,000,0		
		Over 1,000,0		
		Total		
4. Domestic Sales	and Losses:			
a) Please list	your five largest	buyers (based upon h	igh credit limits):	
Buyer Nam	ne/City/State	Prior Year Shipment Volu	me Payment Te	Credit rm <u>Limit Needed</u>

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В)		\$ <u></u> \$			\$
C)		\$ <u></u>			\$
D)		\$ <u></u>			\$
E) <u>.</u>		\$_			\$
b)	Total domestic	receivables presen	tly outstanding:		
	\$	a:	s of	(Date)	
c)	Total domestic	receivables presen	tly outstanding:		
\$				\$	\$Over 360 Days Past Due
As	an alternative to	14 b & c, you may	attach a receivable	s aging by buyer.	
d)		f domestic buyers pore than 90 days.	oast due:	Please attach exp	planation of domestic amounts
e)			en rescheduled duri separate attachment	ng the last 12 months?	Yes 🗌 No 🗌
f)	Gross domestic	receivables losses	s during the last thre	e years:	
	<u>Year</u>	<u>Amount</u> *	Number of Losses	Largest Loss	Causes of Loss
	\$	<u> </u>			
	\$	<u> </u>	<u> </u>		

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^{*} Include any losses on which claims were paid under any other credit insurance policy, or by a factor.

15. Foreign Sales and	Losses:
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a) Please list your five largest buyers (based upon high credit limits):

	Buyer Name/C	ity/State	Prior Yea Shipmer	ar <u>nt Volume</u>	Payment Terr	Cred <u>Limit</u>	lit <u>t Needed</u>
A)			\$			\$	
B)			\$			\$	
E)							
b)	Total foreign re						
					(Da	te)	
c)	Amounts past of	due from total fo	reign outstar	ndings show	n in 16b:		
9	6	\$	\$		\$	\$	
1	-30 Days Past Due	31-90 Days Past	Due 91-180 Da	ys Past Due	181-360 Days Past D	Oue Over 360	Days Past Due
As an a	alternative to 15	b & c, you may	attach a rece	eivables agii	ng by buyer.		
d)	Total number of by more than 9		past due:	Plea	se attach explana	ition of foreigr	n amounts past due
e)	Have any foreig	gn obligations b	een resched	uled during	the last 12 months	? Yes	□ No □
	If Yes, please	provide details	in a separate	e attachmen	t.		
f)	Gross foreign r	eceivables loss	es during the	last three y	rears:		
			N	umber			
	<u>Year</u>	Amount*	<u>of</u>	<u>Losses</u>	Largest Loss	<u>Causes</u>	of Loss
		\$					
		<u> </u>					
		\$					
* Inc	lude any losses	on which claims	s were paid u	ınder any ot	her credit insurand	ce policy, or b	y a factor.
16. Ple	ease complete th	e information in	Appendix A	for foreign s	sales.		
17. Are	e you currently in	nsuring your rec	eivables?				
Do	mestic receivabl	les Yes 🗌 N	No □ Nam	ne of insure	r, if Yes		
Fo	reign receivables	s Yes □ N	No	ne of insure	, if Yes		

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18. a) PLEASE ATTACH THE FOLLOWING APPLICANT INFORMATION:

- Two most recent fiscal year financial statements.
- Completed Credit and Collection Procedures Questionnaire, which is attached to this application.
- b) If available, please also attach descriptive product brochures which will assist in the processing of your application.

NOTICE TO APPLICANTS:

This document will be a material basis of the insurance, and it will be attached to and made a part of the policy, if quotation is made and accepted. Information submitted will be treated as confidential.

INSURANCE FRAUD WARNINGS STATEMENT: Refer to attached Notice.

CERTIFICATION OF APPLICANT TO GREAT AMERICAN INSURANCE COMPANY:

<u>OTHER INSURANCE:</u> The applicant will not enter into or maintain any contract of insurance or indemnity with respect to any cause of loss covered by the Policy or loss chargeable to any deductible under the policy, without the insurer's consent in writing.

<u>REPRESENTATIONS:</u> The applicant certifies that the representations made in this application are true, to the best of its knowledge and belief, and that it has not misrepresented or omitted any material facts.

Signature:	Date:	
Name (Print):	Title:	
Company:		

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GREAT AMERICAN INSURANCE COMPANY

APPENDIX "A" TO APPLICATION FOR MULTI-BUYER CREDIT INSURANCE POLICY

Please complete this appendix for all export sales. Use additional sheets as necessary.

COUNTRY	appendix for all export sales. Use additional sneets as necessary. PREVIOUS YEAR			NEXT YEAR	
	# of	# of Estimated Peak			
	Buyers	Sales	Payment Terms*	Country Outstandings	Note Changes**
EXAMPLE			80% CILC		
United Kingdom	10	\$2,500,000	20% 60 day O/A	\$750,000	\$10,000,000 O/A sales
TOTALS					

PAYMENT TERMS INDEX

- Cash in Advance (CIA)
- Term Unconfirmed L/C (Term L/C)
- 60 Day Drafts
- 30 Day Open Account (O/A)
- 121-180 Day Open Account (O/A)
- Confirmed L/C (CILC)
- SDDP-CAD see below***
- 61-120 Day Drafts
- 60 Day Open Account (O/A)
- Other Terms

- Sight Unconfirmed L/C (Sight L/C)
- 30 Day Drafts
- 121-180 Day Drafts
- 61-120 Day Open Account (O/A)
- * If more than two payment term categories apply to a country, please fill in the two most prevalent terms. Also, feel free to round off to nearest 10%.
- ** Please show significant changes in sales volume or payment terms you expect during the coming year if change is more than +/ 10%.
- *** CAD/SDDP-CAD means Cash Against Documents. SDDP means Sight Draft Documents Against Payment. For both CAD and SDDP terms it is expected that product and documents are not released to overseas customers prior to receiving payment from customers.

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READ the applicable Fraud Warning Statement for the state in which your application or claim is being made before executing and submitting either attached document to the insurer or your agent.

WARNINGS BY STATE

WARNINGS BY STAT	IE .
ALABAMA §27-12A-20	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
ALASKA §21.36.380	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA §20-466.03	For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS §23-66-503	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA §1871.2 §1879.2	For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO §10-1-128	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
DELAWARE 11§913	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
DISTRICT OF COLUMBIA §22-3225.09	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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FLORIDA §817.234	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
IDAHO §41-1331	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
INDIANA §27-2-16-3	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
KENTUCKY §304.47-030	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
LOUISIANA §40:1424	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE §2186(3)(A)	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
MARYLAND §27-805	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MINNESOTA §60a.955	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE §402:82	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.

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NEW JERSEY Any person who knowingly files a statement of claim containing any §17:33A-6 false or misleading information is subject to criminal and civil penalties. NJAC 11:16-1.2 Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NEW MEXICO** Any person who knowingly presents a false or fraudulent claim for §59A-16C-8 payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **NEW YORK** Any person who knowingly and with intent to defraud any insurance §403(d) company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. OHIO Any person who, with intent to defraud or knowing that he is facilitating §3999.21 a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. H.B. 259 permits insurers to comply with the warning requirement by Bulletin 92-3 using an addendum to an application or claim form, as long as it is actually attached to the form and otherwise satisfies the statute's requirements. An addendum may be used indefinitely, as may stamps and stickers. OKLAHOMA WARNING: Any person who knowingly, and with intent to injure, §3613.1 defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. PENNSYLVANIA Any person who knowingly and with intent to defraud any insurance §18-4117 company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. RHODE ISLAND Any person who knowingly presents a false or fraudulent claim for §27-29-13.3 payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. It is a crime to knowingly provide false, incomplete or misleading TENNESSEE

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insurance benefits.

information to an insurance company for the purpose of defrauding the

company. Penalties include imprisonment, fines and denial of

§56-53-111

TEXAS §704.002(a)	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
VIRGINIA §52-40	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WASHINGTON §48.135.080	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WEST VIRGINIA §33-41-3	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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