



Trade Credit Proposal Form

Company Details

Company Name: _____

ABN/ACN: _____

Estimated Turnover

Please provide estimated annual turnover for the next 12 months (exclude intercompany sales, cash sales, sales to Government, and sales to private individuals).

Domestic Trade	Estimated Annual Turnover	Agreed Payment Terms
Australia	\$ _____	_____
Export Trade – Country	Estimated Annual Turnover	Agreed Payment Terms
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total Export	\$ _____	

Bad Debt Loss & Turnover History

Financial Year Editing	Annual Turnover	No. of Losses	Total Loss Amount	Largest Single Loss	Name of Debtor	Country of Debtor
30/06/	\$		\$	\$		
30/06/	\$		\$	\$		
30/06/	\$		\$	\$		
Year To Date	\$		\$	\$		

Bad Debt Loss & Turnover History

	Customer Name	City	Country	ABN / ACN / Registration No.	Credit Limit Required	Annual Turnover
1					\$	\$
2					\$	\$
3					\$	\$
4					\$	\$
5					\$	\$
6					\$	\$
7					\$	\$
8					\$	\$
9					\$	\$
10					\$	\$

Your Duty of Disclosure

Before you enter into a contract of general insurance with the insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to their decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require the disclosure of a matter that:

- a) Diminishes the risk to be taken by the insurer.
- b) Is of common knowledge;
- c) The insurer knows or, in the ordinary course of our business, ought to know; or
- d) The insurer says does not matter to them.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer also has the option of avoiding the contract from its beginning.

Signature and Declaration

We declare that we have read and understood the notifications above and that the information given on this form (*including any additional lists, forms schedules or attachments*) is to best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to the Insurer which might affect your decision whether to accept the risk. We further declare that none of the customers is a subsidiary or associated company of ours and that we have no interest direct or indirect, in any of the customers. We have also read and understood GSA's **privacy statement**.

Name of Signatory	_____	Position in Company	_____
Signature	_____	Date	_____