



APPLICATION CREDIT INSURANCE

1 / Company info

Company name _____ Chamber of Commerce reg. _____

Address _____ VAT number _____

Postal code _____ City _____

Contact person _____ m/f _____ Country _____

Phone number _____ Job title _____

Website _____ E-mail _____

Main business activity _____

Member Trade Sector Organisation _____ No _____ Yes, i.e. _____

2 / Sales / customer details

Are there affiliated companies to be insured?

No _____ Yes, i.e. _____

Address _____

City / country _____

Chamber of Commerce reg. _____

Sales previous 3 years

Turnover* in €	Forecast 2026	2025	2024	2023
Domestic				
Export				
Total				

*Excluding VAT, privat Persons, Intercompany turnover, government companies, and pre/payments.

Trade sector of buyers

3 / Details of expected turnover

Country	Sales (€)	Maximum payment terms	Number of active buyers
Total			

Pre-payment No Yes, i.e. _____ % of sales

Average payment term _____ days

Invoice period _____ days

Currently insured? No, inception date _____

Yes, name insurer and expiry date _____

Consignment applicable? No Yes

Is Retention of Title part of your General conditions? No Yes

Do you apply an extended Retention of Title for German buyers? No Yes N.A.

4 / Required cover

Did you experience payment problems with your German customers in the past 5 years? No Yes N.A.

Credit check buyers

Name	Chamber of Commerce reg.
City	Sales yearly
Country	Credit limit

Name	Chamber of Commerce reg.
City	Sales yearly
Country	Credit limit

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The average account receivables

31 Mar. _____ 30 Jun. _____

30 Sep. _____ 31 Dec. _____

Covered percentage	75	80	85	90
Threshold per buyer	No	Yes, amount of € _____		
Aggregate first loss	No	Yes, amount of € _____		
Political risk	No	Yes		
Preshipment risk*	No	Yes		

* Longest and average period between acceptance of order and delivery of goods:

Longest period _____ months Average period _____ months

5 / Data on historic debt or losses

Please state your losses for the current and past 3 years

Year	Total loss in €	Covered loss in €	Number of losses	Biggest loss in €
2023				
2024				
2025				
2026				

Specification of biggest debt or losses

Year	Name of buyer	Place and country	Loss

Buyer with overdue more than 60 days after due date No Yes

Name of buyer	Place and country	Outstanding amount in €	Date of oldest invoice

Accounts receivable balance	Number of debtors	Outstanding balance
	< € 500	
€ 500	< € 1.000	
€ 1.000	< € 2.500	
€ 2.500	< € 5.000	
€ 5.000	< € 10.000	
€ 10.000	< € 100.000	
€ 100.000	< € 250.000	
	> € 250.000	
	Total	

6 / Signature and communication

We ask you to process this application strictly confidential. We appoint, effective from the signed date:

Xolv BV, Landgoed Muysierick, Maurick 1, 5261 NA Vught, The Netherlands as our exclusive broker, excluding any other broker. If, on the basis of this application, you enter into an agreement with an insurer, Xolv will act as our broker.

We declare that we have answered the questions above truthfully and fully and that we have not withheld any information that could be relevant to the Underwriting Credit Insurer. If we instruct a Credit Insurance Company to draw up a policy, insurance cover will be provided on the reliance of the above information.

City _____

Date _____

Name _____

Job title _____

Signature _____

Business relation hereby grants his/her unequivocal permission to Xolv B.V. to process his/her personal details by Xolv B.V. itself as well as by insurance companies in case the processing of personal details is essential for the correct implementation of the agreement that was made between Xolv B.V. and the relevant business relation and in case it serves a legitimate interest. Business relation is aware of the fact that Xolv B.V., as intermediary, is required to forward these personal details to the financing companies, for which business relation also hereby grants its unequivocal permission. Xolv B.V. will handle these personal details with complete discretion and will take any and all measures it is required to take by applicable privacy laws.