

GREAT AMERICAN INSURANCE COMPANY

BANK APPLICATION FOR IMPORT, EXPORT OR PRE-EXPORT FINANCE COVERAGE

Date _____

- 1. Name of Applicant: _____
Address: _____
Telephone: _____ Facsimile: _____ E-Mail: _____
- 2. Name/Address/License No. of Insurance Agent/Broker: _____

- 3. Primary Reason for application (check one): Obligor Risk Country Risk
- 4. Type of Financing: Import Financing Export Financing Pre-Export Financing
- 5. Coverage Requested (check one): Commercial & Political Political-Only Other (explain)
- 6. Has this request been declined by another insurer? If yes, please provide the name(s) of the other insurer(s): _____
- 7. Name of Obligor: _____
Address: _____
(Please attach list if there will be multiple obligors)
- 8. Obligor Status: Private Entity Government Entity
- 9. Obligor Business Activity: _____
- 10. Name and Address of Guarantor (if any): _____

- 11. Description of Trade Transaction being supported by the financing: _____

- 12. Country from which the products are to be shipped and by whom: _____

- 13. Country to which the products are to be shipped and by whom: _____

- 14. Whom do you fund and when will the funding take place: _____

15. For Import Financings: a) Are any government approvals required?, b) If so have such approvals been obtained? _____

16. For Export and Pre-Export Financings: Which specific local regulations govern such financings and recognize them as trade finance: _____

17. For Export and Pre-Export Financings: Can the obligation be paid via offshore payment of export proceeds or must export proceeds first be repatriated to the exporter's country? _____

18. What documents will you have to evidence the obligor's obligation to pay you (e.g., credit agreement, promissory notes, letters of credit, etc.)? _____
19. Repayment terms of the financing: _____
20. Currency in which the obligation will be payable: _____
21. Country in which the obligation will be payable: _____
22. Period during which insured financings will be made (maximum 12 months): _____
23. Total amount of financings you expect to make to the obligor during the policy period: _____
24. Highest amount expected to be outstanding during the policy period: _____
25. Credit Limit requested: _____
26. Are you willing to take a first loss deductible to reduce the premium? If so, how much? _____

27. If a policy is issued, will the amounts insured under the policy be the only amounts owed by the obligor to you? _____ If not, please explain what other obligations may be outstanding during the policy period: _____
28. Please describe any collateral or other security that you have or will have for either insured or uninsured obligations of the obligor (if none, please state "None"): _____

29. Summary of your experience with the obligor during the last three years:

Year	_____	_____	_____
Type of Financing:	_____	_____	_____
Highest Amount Outstanding:	\$ _____	\$ _____	\$ _____
Payment terms:	_____	_____	_____

30. Obligor's payment history:

- No prior experience
- Prompt
- Pays late

31. If you have no experience with the obligor, please explain why you are financing these transactions.

32. Amount of financings presently outstanding: _____

33. Amount past due (if other than zero, please explain): _____

34. Do you have any knowledge of any circumstance which might give rise to a claim under the proposed policy? If so please describe. _____

35. Please attach current credit and financial information on the obligor. If you have any questions about the information necessary to process the application, please ask your insurance broker.

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:

OTHER INSURANCE: 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.

REPRESENTATIONS: 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: _____

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

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.

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.

NEW JERSEY
§17:33A-6 Any person who knowingly files a statement of claim containing any 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
§59A-16C-8 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 civil fines and criminal penalties.

NEW YORK
§403(d) Any person who knowingly and with intent to defraud any insurance 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
§3999.21 Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Bulletin 92-3 H.B. 259 permits insurers to comply with the warning requirement by 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
§3613.1 **WARNING:** Any person who knowingly, and with intent to injure, 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
§18-4117 Any person who knowingly and with intent to defraud any insurance 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
§27-29-13.3 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.

TENNESSEE
§56-53-111 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.

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.