

GREAT AMERICAN INSURANCE COMPANY
RECEIVABLE PURCHASE CREDIT INSURANCE POLICY
APPLICATION

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

3. Has this request been declined by another insurer? If yes, please provide the name(s) of the other insurer(s): _____
4. Name of Seller of the Receivables: _____
Address: _____
5. Seller's Products/Services: _____
6. Do you have an existing relationship with the Seller? Yes No
If Yes, please describe (include length and type (lending, cash management, etc.) of relationship):

7. Do you or will you have a Purchase Agreement with the Seller? Yes No
*If not, these transactions are not insurable under this policy type.
The Seller may apply to FCIA for coverage under our Multibuyer policy.*
8. With respect to the purchased receivables, does or will the Purchase Agreement provide for your receipt of (or right to receive) documents evidencing the trade transaction and rights against the buyer? Yes No
9. What documents will you have to evidence the obligations of the Buyer(s)? _____

10. Will you be able to assign the account receivable and documents evidencing the trade transaction to the Insurer in the event of a loss? Yes No
If No, please explain: _____

11. After your purchase, will the Seller continue to service the receivables, including having collection responsibility? Yes No
If No, describe collection process: _____

12. Assuming there are provisions in the purchase agreement that require the Seller to repurchase the receivables in certain circumstances, do you wish to insure Seller non-payment risk? Yes No
(Not available for Single Buyer policies)

If YES,

a. are you willing to accept a first loss deductible on the Seller risk ? Yes No

b. are you willing to accept a lower limit of liability on the Seller risk ? Yes No

13. Period during which the receivable purchase will take place: _____

14. Expected frequency of receivable purchases: Monthly Quarter End Year End

Other (please explain): _____

15. For receivables you are purchasing and wish to insure, list below the Buyers, the Credit Limit and the payment terms (if additional space is necessary please attach a list):

Buyer/Country	Credit Limit	Payment Terms
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. a) Do any of the Buyers listed in item 15 have amounts more than 45 days overdue to you? Yes No

If Yes, please explain: _____

b) Has the Seller provided you with written representations that:

- i. there are no existing overdues with the Buyers listed in item 15 in excess of 45 days? Yes No
- ii. none of the obligations being purchased have been extended or refinanced, or are expected to be refinanced, prior to your purchase? Yes No
- iii. none of the obligations being purchased are expected to be past due on the date of your purchase? Yes No

If No to any of these questions, please explain: _____

c) To your knowledge have any of the Buyers listed in item 15 either ceased normal operations or become the subject of any laws relating to bankruptcy, insolvency or relief of debt? Yes No

If Yes, please explain: _____

17. Are you willing to accept a first loss deductible on the Buyer risk in order to reduce the premium?

If so, how much? _____

*If you answered Yes to question 12 please complete questions 18-20.
If not, please go to question 21.*

18. Please summarize your lending facilities and experience with the Seller over the past 2 years:

	<u>Current Year</u>		<u>Prior Year</u>	
	<u>Facility 1</u>	<u>Facility 2</u>	<u>Facility 1</u>	<u>Facility 2</u>
Type of Lending Facility	_____	_____	_____	_____
Secured or Unsecured	_____	_____	_____	_____
Size of Credit Line	_____	_____	_____	_____
Highest Amount Outstanding	_____	_____	_____	_____

19. Seller's payment history on the above facilities: no prior experience prompt pays late

20. Amount of financings presently outstanding: _____

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

21. Do you have any knowledge of any circumstance which might give rise to a claim under the proposed policy? Yes No

If Yes, please describe: _____

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.