

# Trade Credit Insurance Top-Up Scheme Application Form - Reductions in Cover

If you wish to apply for Trade Credit Insurance Top Up Scheme (TCITS) Cover, as described in the TCITS Endorsement Wording and Scheme Guide at [www.eulerhermes.co.uk](http://www.eulerhermes.co.uk), please complete this application form, sign and date it and return it to us. Please refer to the notes at the end of the form to assist you in completing it.

If your application for TCITS cover is received no later than 28 days from the date that our notice of reduction of your Approved Limit took effect, inception of cover comes into effect either;

- i) on the date of the reduction of the Approved Limit, or
- ii) such later date as specified by you between the day after the date of the reduction up until the 31 December 2009.

If your application for TCITS cover is received more than 28 days from the date that our notice of reduction of your Approved Limit took effect, inception of cover comes into effect either;

- i) on the date of receipt by Euler Hermes UK plc of your application form, or
- ii) such later date as specified by you until the 31 December 2009.

Please note that in any event the latest date for applications to be received by us is 28 January 2010.

TCITS Cover will not be effective until we have received cleared funds for the full amount of premium, fees and taxes due.

To: TCITS Administration Team  
Euler Hermes UK Plc  
1 Canada Square  
London E14 5DX

We refer to the TCITS Endorsement Wording available to us at [www.eulerhermes.co.uk](http://www.eulerhermes.co.uk). Words defined in our policy or the TCITS Endorsement Wording have the same meaning when used in this Application Form.

We request you to provide us with TCITS Cover on the terms set out in the TCITS Endorsement Wording, as follows:

Policy Number <sup>1</sup>	
Insured <sup>2</sup>	
Insured VAT Registration Number <sup>2</sup>	
TCITS Buyer Name and Euler ID <sup>3</sup>	
Buyer VAT Registration Number <sup>3</sup>	
Reduction Notice Date <sup>4</sup>	
Reduced Approved Limit <sup>5</sup>	
Pre-Reduction Approved Limit <sup>6</sup>	
TCITS Cover Amount Requested <sup>7</sup>	
Inception Date of Cover <sup>8</sup>	
Insured Email Address <sup>9</sup>	

**We confirm that:**

- i) We do not have existing top-up credit insurance cover in respect of the TCITS Buyer underwritten by another insurer;
- ii) There are no outstanding premium payments, other fees and/or turnover declarations under our Policy;
- iii) There are no debts due to us from the TCITS Buyer remaining unpaid at the end of the *Maximum Extension Period* that require or will require to be reported under our Policy;
- iv) We have not reported and do not currently intend to report any *Adverse Event* in respect of the TCITS Buyer under our Policy;
- v) The TCITS Buyer is not in unremedied material breach of any contract with ourselves.
- vi) We are not aware of any circumstances that might reasonably lead us to believe that the statements made in paragraphs (iii) - (v) above will become untrue in the future.

**We understand and acknowledge that:**

- a) TCITS Cover will not be effective unless and until you have issued to us a TCITS Schedule confirming details of the TCITS Cover and we have paid all premium, fees and taxes due;
- b) TCITS Cover will be provided on the terms of the TCITS Endorsement Wording already made available to us at [www.eulerhermes.co.uk](http://www.eulerhermes.co.uk) and the TCITS Schedule to be issued by you;
- c) Except as expressly stated in the TCITS Endorsement, all the terms and conditions of our Policy will remain unaltered and in full force and effect, and will also apply to the TCITS Cover provided;
- d) If any of the statements made in paragraphs (i) – (vi) above, or other information provided in this Application Form is untrue, our TCITS Cover will be void from inception.

Signed		Authorised signatory for and on behalf of the Insured
Print name		Date

## Notes

1. Insert the number of your current Policy under which you require TCITS Cover.
2. Insert the name(s) of the insured(s) set out in your current Policy and their respective VAT registration number(s).
3. Insert the name, Euler ID number and VAT registration number of the Insured Buyer on whom you wish to purchase TCITS Cover. Please note that TCITS Cover is only available in respect of despatch of goods and/or provision of services which take place wholly within the UK, or where the despatch of goods outside the UK is by or on behalf of an Insured that is currently registered to pay VAT in the UK, and the subsequent collection of those goods from a place within the UK is by a Buyer that is also registered to pay VAT in the UK.
4. Insert the date that the credit limit endorsement or other notice sent to you under your Policy, reducing the Approved Limit in respect of the TCITS Buyer mentioned in note 3, took effect. Your TCITS Cover will be effective from the date of inception (see notes above) for a period of 6 months (unless terminated earlier). TCITS Cover is not available in respect of reductions which took effect before 1<sup>st</sup> October 2008.
5. Insert the reduced Approved Limit amount applying in respect of the TCITS Buyer, as set out in the Reduction Notice mentioned in note 4. TCITS Cover is not available where an Approved Limit has been reduced below £20,000 or cancelled completely.
6. Insert the Approved Limit amount applying in respect of the TCITS Buyer immediately before issue of the Reduction Notice mentioned in note 4.
7. Insert the amount of TCITS Cover you require in respect of the TCITS Buyer. Refer to the Scheme Guide published at [www.eulerhermes.co.uk](http://www.eulerhermes.co.uk) to establish the amount of TCITS Cover that you are entitled to apply for under the scheme.
8. Please insert your chosen date of inception of cover. Refer to the notes at the top of the application form for guidance.
9. We may issue your TCITS Schedule and any relevant notices by email. Please provide the email address to which your TCITS Schedule and other communications should be sent.