



CREDIT RISK APPLICATION

Applicant's Representative: \_\_\_\_\_
Address: \_\_\_\_\_
Effective date: \_\_\_\_\_ Quote needed by: \_\_\_\_\_
New application
Renewal of policy number

1) Legal Name of applicant and subsidiaries: \_\_\_\_\_

2) Date of Incorporation: \_\_\_\_\_

3) Description of business: \_\_\_\_\_

4) Describe applicant's corporate structure (Parent, subsidiary, affiliate, other): \_\_\_\_\_

Parent company's name (if applicable): \_\_\_\_\_

5) Applicant's fiscal year end: \_\_\_\_\_

6) Identify the bank(s) the applicant plans to utilize for satisfying collateral requirements (Letter(s) of Credit and Claim Payment Fund):

Table with 3 columns: BANK(S), CITY, STATE. Rows A, B, C.

7) Describe any events that occurred subsequent to the date of the most recently submitted audit report that have significantly affected the applicant's financial condition (e.g. merger, acquisition, consolidation, additional capitalization, other).

8) Describe any anticipated future events that may affect the applicant's financial condition.

9) IMPORTANT: Enclose applicant's audited financial reports for the past three years. Also include the parent company's most current audit report, if applicable.

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Name of Applicant and Subsidiaries: \_\_\_\_\_

Applicant's Representative's Signature: \_\_\_\_\_

(Please type name, title, and company of submitting broker)

Date: \_\_\_\_\_

SAFETY NATIONAL CASUALTY CORPORATION