

Sales Declaration



Please complete all sections as fully as possible. This form must be returned within 30 days of the end of the contract period.

POLICY DETAILS

Policy Name:

Policy Number:

BREAKDOWN OF TOTAL COMPANY SALES (continue on separate sheet if required)

Total sales	
Less	
- Sales made on a cash basis	
- Inter-company sales	
- Excluded countries	
- Sales made on confirmed irrevocable letters of credit	
= Total insurable sales	

Please make sure that the total insurable sales above is the total of the Zone I insurable sales and the Zone 2 insurable sales that you complete below.

BREAKDOWN OF INSURABLE SALES BY ZONE

Zone I Countries (continue on a separate sheet if required)

Country	Insurable Sales
Total insurable sales (Zone I)	



Sales Declaration (continued)

Zone 2 Countries (continue on a separate sheet if required)	
Country	Insurable Sales
Total insurable sales (Zone 2)	

Declaration

I confirm that the above details are true, complete and accurately reflect the total insurable sales only during the policy period.

I understand that from time to time, Coface North America, Inc. may audit the above information.

I understand that failure to complete this form correctly may delay the payment of claims.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Company: _____