

SERFF Tracking Number: TSMP-125805602 State: Arkansas
Filing Company: Coface North America Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 01-AR-COF-CLASSIC(F)
TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

Filing at a Glance

Company: Coface North America Insurance Company

Product Name: Coface North America SERFF Tr Num: TSMP-125805602 State: Arkansas

Insurance Company Classic Trade Credit

Insurance Program

TOI: 28.0 Credit

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 28.0003 Personal Property

Co Tr Num: 01-AR-COF-CLASSIC(F)

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Audrey Moses, Heather Carroll, Jonathan Ramos

Disposition Date: 10/10/2008

Effective Date Requested (New): 10/23/2008

Date Submitted: 09/24/2008

Disposition Status: Approved

Effective Date Requested (Renewal):

Effective Date (New): 10/23/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Classic Trade Credit Insurance Program

Status of Filing in Domicile: Authorized

Project Number: 01-AR-COF-CLASSIC (F)

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/10/2008

State Status Changed: 09/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Per Llyweyia at the Arkansas Insurance Department this filing should be filed under the TOI of Credit- Commercial Property. Because SERFF does not allow this selection, we have been instructed to file under Credit- Personal Property.

Tressler, Soderstrom, Maloney & Priess, LLP is submitting the above referenced Program for your review on behalf of

SERFF Tracking Number: TSMP-125805602 State: Arkansas
Filing Company: Coface North America Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 01-AR-COF-CLASSIC(F)
TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/10/2008	10/10/2008

SERFF Tracking Number: TSMP-125805602 *State:* Arkansas
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TOI: 28.0 Credit *Sub-TOI:* 28.0003 Personal Property
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Disposition

Disposition Date: 10/10/2008

Effective Date (New): 10/23/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Authorization Letter	Approved	Yes
Supporting Document	Filing Memoranda	Approved	Yes
Supporting Document	Rider Listing	Approved	Yes
Supporting Document	Forms Index	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Policy of Credit Insurance - Policy Number DA	Approved	Yes
Form	Policy of Credit Insurance - Policy Number D	Approved	Yes
Form	Policy of Export Credit Insurance - Policy Number E	Approved	Yes
Form	Policy of Export Credit Insurance - Policy Number EA	Approved	Yes
Form	Credit Insurance - New Business Application	Approved	Yes
Form	Credit Insurance - Renewal Application	Approved	Yes
Form	Export Credit Insurance Application	Approved	Yes
Form	Policy Declaration	Approved	Yes
Form	Policy Declaration	Approved	Yes
Form	Additional Policy Declaration	Approved	Yes
Form	Policy Declaration	Approved	Yes
Form	Coverage Change C Rider	Approved	Yes
Form	Additional Debtors Included for Coverage Under Rider #	Approved	Yes
Form	Advertising Rider	Approved	Yes
Form	Alternate Governing Agency Rider	Approved	Yes
Form	Alternate Available Coverage on Ratings (Monthly) Rider	Approved	Yes
Form	Amendment of Condition 5 Rider	Approved	Yes
Form	Amended Table of Ratings & Coverage Rider	Approved	Yes
Form	Debtors Approved for Coverage Under	Approved	Yes

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The (Variable) Rider

Form	Cancellation of Coverage Rider	Approved	Yes
Form	Collateral Benefit A Rider	Approved	Yes
Form	Collateral Benefit B Rider	Approved	Yes
Form	Conformity Back Sales Rider	Approved	Yes
Form	Conditional Back Sales Rider	Approved	Yes
Form	Conditional Exemption of Co-Insurance A Rider (D)	Approved	Yes
Form	Conditional Exemption of Co-Insurance B Rider	Approved	Yes
Form	Consignment Rider	Approved	Yes
Form	Construed Coverage Rider	Approved	Yes
Form	Construed Terms (NB) Rider	Approved	Yes
Form	Construed Terms (RE) Rider	Approved	Yes
Form	Excluded Sales Rider	Approved	Yes
Form	Excluded Sales Rider (PBI)	Approved	Yes
Form	Extended Term N Rider	Approved	Yes
Form	Included Sales Rider	Approved	Yes
Form	Included Sales Rider (PBI)	Approved	Yes
Form	Insolvency Only Rider	Approved	Yes
Form	Interim Claim Settlement A Rider	Approved	Yes
Form	Interim Claim Settlement B Rider	Approved	Yes
Form	L Rider	Approved	Yes
Form	Optional Increase of Coverage Rider	Approved	Yes
Form	Optional Handling Rider	Approved	Yes
Form	Rating Change Coverage Continued Rider	Approved	Yes
Form	Special Goods in Process or Undelivered Rider	Approved	Yes
Form	Special Terms of Sales Rider	Approved	Yes
Form	Extraordinary Coverage A Rider	Approved	Yes
Form	Extraordinary Coverage A Rider (Export)	Approved	Yes
Form	Extraordinary Coverage A Rider	Approved	Yes

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(Insolvency Only) (E)

Form	Extraordinary Coverage A Rider (D)	Approved	Yes
Form	Extraordinary Coverage A Rider (Political Risk)	Approved	Yes
Form	Extraordinary Coverage A Rider (Insolvency Only) Reporting Form	Approved	Yes
Form	Extraordinary Coverage B Rider	Approved	Yes
Form	Coverage Change A Rider	Approved	Yes
Form	Available Coverage Rider	Approved	Yes
Form	Coverage Change B Rider	Approved	Yes
Form	Monthly Coverage Rider	Approved	Yes
Form	Available Increased Coverage Rider	Approved	Yes
Form	Coverage Change D Rider	Approved	Yes
Form	Monthly Reporting and Additional Premium Rider	Approved	Yes
Form	Extraordinary Coverage RF Rider	Approved	Yes
Form	Monthly Supplemental Rider	Approved	Yes
Form	Delay in Transportation Rider	Approved	Yes
Form	Lumbermens 6 Rating Rider	Approved	Yes
Form	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet)	Approved	Yes
Form	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet)	Approved	Yes
Form	Table of Ratings & Coverage Governing under Condition 1 (Lumbermens Credit Association, Inc.)	Approved	Yes
Form	Table of Ratings & Coverage Governing under Condition 1 (The Jewelers Board of Trade)	Approved	Yes
Form	Table of Ratings & Coverage Governing under Condition 1 (Produce Reporter Company)	Approved	Yes
Form	Table of Ratings & Coverage Governing under Condition 1 (Lyon Furniture Mercantile Agency)	Approved	Yes

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Form	Maximum to Which Limit of Coverage May Be Increased (Dun & Bradstreet Inc)	Approved	Yes
Form	Supplemental Coverage Rider	Approved	Yes
Form	Maximum to Which Limit of Coverage May Be Increased (Dun & Bradstreet Inc)	Approved	Yes
Form	Maximum to Which Limit of Coverage May Be Increased (Lumbermens Credit Association Inc)	Approved	Yes
Form	Separate Primary Loss Rider	Approved	Yes
Form	Labor & Service Endorsement	Approved	Yes
Form	L1 Alternate Governing Rider	Approved	Yes
Form	L1 Available Coverage Rider	Approved	Yes
Form	Attorney Rider	Approved	Yes
Form	Contingent Increase in Primary Loss Rider	Approved	Yes
Form	Coverage Restriction Rider	Approved	Yes
Form	Coverage Limitation Rider	Approved	Yes
Form	Business Partner Fraud Endorsement Schedule #1	Approved	Yes
Form	Coverage Termination Rider	Approved	Yes
Form	Coverage Termination Rider	Approved	Yes
Form	Factoring Rider	Approved	Yes
Form	Recovery Charges Defined	Approved	Yes
Form	Discretionary Credit Limit (Initial Shipment)	Approved	Yes
Form	Interim Claim Settlement A Rider	Approved	Yes
Form	Interim Claim Settlement B Rider	Approved	Yes
Form	Discretionary Credit Limit	Approved	Yes
Form	Discretionary Credit Limit (Reporting Form)(E)	Approved	Yes
Form	Extraordinary Coverage A Rider (Reporting Form)(E)	Approved	Yes
Form	L Rider (E)	Approved	Yes
Form	L Rider	Approved	Yes

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Form	Extraordinary Coverage A Rider (Political Risk-Reporting Form)	Approved	Yes
Form	Extraordinary Coverage A Rider (Insolvency Only)	Approved	Yes
Form	Monthly Reporting and Additional Premium Rider	Approved	Yes
Form	L1 Alternate Governing Rider	Approved	Yes
Form	L1 Available Coverage Rider	Approved	Yes
Form	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet)	Approved	Yes
Form	Delayed Effect of Cancellation Rider	Approved	Yes
Form	Conditional Exemption of Primary Loss Rider	Approved	Yes
Form	Table of Ratings & Coverage Governing under Condition 1 (Coface @ Rating)	Approved	Yes
Form	Table of Ratings & Coverage governing under Condition 1 (Dun & Bradstreet Inc. Global Financial Stress Scores)	Approved	Yes
Form	Table of Ratings & Coverage governing under Condition 1 (Nationally Recognized Statistical Rating Organization)	Approved	Yes
Form	Arkansas Rider (Domestic)	Approved	Yes
Form	Arkansas Rider (Export)	Approved	Yes
Form	Arkansas Policyholder Notice (Domestic)	Approved	Yes
Form	Arkansas Policyholder Notice (Export)	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy of Credit Insurance - Policy Number DA	DA-1	03/04	Policy/CoveNew rage Form		0.00	DA-1.pdf
Approved	Policy of Credit Insurance - Policy Number D	D-1	03/04	Policy/CoveNew rage Form		0.00	D-1.pdf
Approved	Policy of Export Credit Insurance - Policy Number E	E-1	03/04	Policy/CoveNew rage Form		0.00	E-1.pdf
Approved	Policy of Export Credit Insurance - Policy Number EA	EA-1	03/04	Policy/CoveNew rage Form		0.00	EA-1.pdf
Approved	Credit Insurance -AD-1 New Business Application		03/04	Endorseme New nt/Amendm ent/Condi tions		0.00	AD-1.pdf
Approved	Credit Insurance -AR-1 Renewal Application		02/04	Application/ New Binder/Enro llment		0.00	AR-1.pdf
Approved	Export Credit Insurance Application	AE-1	02/04	Application/ New Binder/Enro llment		0.00	AE-1.pdf
Approved	Policy Declaration	DPD-1	02/04	Policy/CoveNew rage Form		0.00	DPD-1.pdf
Approved	Policy Declaration	DPE-1	02/04	Policy/CoveNew rage Form		0.00	DPE-1.pdf
Approved	Additional Policy Declaration	DPP-4	02/04	Policy/CoveNew rage Form		0.00	DPP-1.pdf
Approved	Policy Declaration	DPA-1	02/04	Policy/CoveNew rage Form		0.00	DPA-1.pdf
Approved	Coverage Change C Rider	CR001-1	02/04	Endorseme New nt/Amendm		0.00	CR001-1.pdf

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Approval	Description	CR#	Effective Date	Document Type	Amount	Attachment
Approved	Additional Debtors Included for Coverage Under Rider #	CR002-1	02/04	Endorsement/Amendment/Conditions	0.00	CR002-1.pdf
Approved	Advertising Rider	CR003-1	02/04	Endorsement/Amendment/Conditions	0.00	CR003-1.pdf
Approved	Alternate Governing Agency Rider	CR004-1	02/04	Endorsement/Amendment/Conditions	0.00	CR004-1.pdf
Approved	Alternate Available Coverage on Ratings (Monthly) Rider	CR005-1	02/04	Endorsement/Amendment/Conditions	0.00	CR005-1.pdf
Approved	Amendment of Condition 5 Rider	CR006-1	02/04	Endorsement/Amendment/Conditions	0.00	CR006-1.pdf
Approved	Amended Table of Ratings & Coverage Rider	CR007-1	02/04	Endorsement/Amendment/Conditions	0.00	CR007-1.pdf
Approved	Debtors Approved for Coverage Under The (Variable) Rider	CR008-1	02/04	Endorsement/Amendment/Conditions	0.00	CR008-1.pdf
Approved	Cancellation of Coverage Rider	CR009-1	02/04	Endorsement/Amendment/Conditions	0.00	CR009-1.pdf
Approved	Collateral Benefit A Rider	CR010-1	02/04	Endorsement/Amendment	0.00	CR010-1.pdf

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Approval	Description	CR#	Effective Date	Document Type	Amount	Attachment
Approved	Collateral Benefit B Rider	CR011-1	02/04	Endorsement/Amendment/Conditions	0.00	CR011-1.pdf
Approved	Conformity Back Sales Rider	CR012-1	02/04	Endorsement/Amendment/Conditions	0.00	CR012-1.pdf
Approved	Conditional Back Sales Rider	CR013-1	02/04	Endorsement/Amendment/Conditions	0.00	CR013-1.pdf
Approved	Conditional Exemption of Co-Insurance A Rider (D)	CR014-1	02/04	Endorsement/Amendment/Conditions	0.00	CR014-1.pdf
Approved	Conditional Exemption of Co-Insurance B Rider	CR015-1	02/04	Endorsement/Amendment/Conditions	0.00	CR015-1.pdf
Approved	Consignment Rider	CR016-1	02/04	Endorsement/Amendment/Conditions	0.00	CR016-1.pdf
Approved	Construed Coverage Rider	CR017-1	02/04	Endorsement/Amendment/Conditions	0.00	CR017-1.pdf
Approved	Construed Terms (NB) Rider	CR018-1	02/04	Endorsement/Amendment/Conditions	0.00	CR018-1.pdf
Approved	Construed Terms (RE) Rider	CR019-1	02/04	Endorsement/Amendment/Conditions	0.00	CR019-1.pdf

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Approved	Excluded Sales Rider	CR020-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR020-1.pdf
Approved	Excluded Sales Rider (PBI)	CR021-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR021-1.pdf
Approved	Extended Term N Rider	CR022-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR022-1.pdf
Approved	Included Sales Rider	CR023-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR023-1.pdf
Approved	Included Sales Rider (PBI)	CR024-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR024-1.pdf
Approved	Insolvency Only Rider	CR025-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR025-1.pdf
Approved	Interim Claim Settlement A Rider	CR026-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR026-1.pdf
Approved	Interim Claim Settlement B Rider	CR027-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR027-1.pdf
Approved	L Rider	CR028-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR028-1.pdf
Approved	Optional Increase of Coverage	CR029-1	02/04	Endorsement/Amendment	New	0.00	CR029-1.pdf

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	Rider			ent/Condi ons			
Approved	Optional Handling Rider	CR030-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR030-1.pdf
Approved	Rating Change Coverage Continued Rider	CR031-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR031-1.pdf
Approved	Special Goods in Process or Undelivered Rider	CR032-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR032-1.pdf
Approved	Special Terms of Sales Rider	CR033-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR033-1.pdf
Approved	Extraordinary Coverage A Rider	CR035-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR035-1.pdf
Approved	Extraordinary Coverage A Rider (Export)	CR036-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR036-1.pdf
Approved	Extraordinary Coverage A Rider (Insolvency Only) (E)	CR037-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR037-1.pdf
Approved	Extraordinary Coverage A Rider (D)	CR038-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR038-1.pdf
Approved	Extraordinary Coverage A Rider (Political Risk)	CR039-1	02/04	Endorseme New nt/Amendm ent/Condi ons	0.00		CR039-1.pdf

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Approved	Extraordinary Coverage A Rider (Insolvency Only) Reporting Form	CR040-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR040-1.pdf
Approved	Extraordinary Coverage B Rider	CR041-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR041-1.pdf
Approved	Coverage Change A Rider	CR042-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR042-1.pdf
Approved	Available Coverage Rider	CR043-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR043-1.pdf
Approved	Coverage Change B Rider	CR044-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR044-1.pdf
Approved	Monthly Coverage Rider	CR045-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR045-1.pdf
Approved	Available Increased Coverage Rider	CR046-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR046-1.pdf
Approved	Coverage Change D Rider	CR047-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR047-1.pdf
Approved	Monthly Reporting and Additional Premium Rider	CR048-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR048-1.pdf
Approved	Extraordinary Coverage RF	CR049-1	02/04	Endorsement/Amendment	New	0.00	CR049-1.pdf

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	Rider			ent/Condi ons		
Approved	Monthly Supplemental Rider	CR050-1	02/04	Endorsement/Amendment/Conditions New	0.00	CR050-1.pdf
Approved	Delay in Transportation Rider	CR051-1	02/04	Endorsement/Amendment/Conditions New	0.00	CR051-1.pdf
Approved	Lumbermens 6 Rating Rider	CR052-1	02/04	Endorsement/Amendment/Conditions New	0.00	CR052-1.pdf
Approved	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet)	CR053-1	02/04	Endorsement/Amendment/Conditions New	0.00	CR053-1.pdf
Approved	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet)	CR054-1	02/04	Endorsement/Amendment/Conditions New	0.00	CR054-1.pdf
Approved	Table of Ratings & Coverage Governing under Condition 1 (Lumbermens Credit Association, Inc.)	CR055-1	02/04	Endorsement/Amendment/Conditions New	0.00	CR055-1.pdf
Approved	Table of Ratings & Coverage Governing under Condition 1 (The Jewelers Board of Trade)	CR056-1	02/04	Endorsement/Amendment/Conditions New	0.00	CR056-1.pdf
Approved	Table of Ratings	CR057-1	02/04	Endorsement New	0.00	CR057-1.pdf

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Approved	& Coverage Governing under Condition 1 (Produce Reporter Company)			nt/Amendm ent/Condi tions		
Approved	Table of Ratings & Coverage Governing under Condition 1 (Lyon Furniture Mercantile Agency)	CR058-1	02/04	Endorseme nt/Amendm ent/Condi tions	0.00	CR058-1.pdf
Approved	Maximum to Which Limit of Coverage May Be Increased (Dun & Bradstreet Inc)	CR059-1	02/04	Endorseme nt/Amendm ent/Condi tions	0.00	CR059-1.pdf
Approved	Supplemental Coverage Rider	CR060-1	02/04	Endorseme nt/Amendm ent/Condi tions	0.00	CR060-1.pdf
Approved	Maximum to Which Limit of Coverage May Be Increased (Dun & Bradstreet Inc)	CR061-1	02/04	Endorseme nt/Amendm ent/Condi tions	0.00	CR061-1.pdf
Approved	Maximum to Which Limit of Coverage May Be Increased (Lumbermens Credit Association Inc)	CR062-1	02/04	Endorseme nt/Amendm ent/Condi tions	0.00	CR062-1.pdf
Approved	Separate Primary Loss Rider	CR063-1	02/04	Endorseme nt/Amendm	0.00	CR063-1.pdf

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Approval	Description	CR#	Effective Date	Endorsement/Amendment/Conditions	Amount	Attachment
Approved	Labor & Service Endorsement	CR064-1	02/04	Endorsement/Amendment/Conditions	0.00	CR064-1.pdf
Approved	L1 Alternate Governing Rider	CR065-1	02/04	Endorsement/Amendment/Conditions	0.00	CR065-1.pdf
Approved	L1 Available Coverage Rider	CR066-1	02/04	Endorsement/Amendment/Conditions	0.00	CR066-1.pdf
Approved	Attorney Rider	CR067-1	02/04	Endorsement/Amendment/Conditions	0.00	CR067-1.pdf
Approved	Contingent Increase in Primary Loss Rider	CR070-1	02/04	Endorsement/Amendment/Conditions	0.00	CR070-1.pdf
Approved	Coverage Restriction Rider	CR071-1	02/04	Endorsement/Amendment/Conditions	0.00	CR071-1.pdf
Approved	Coverage Limitation Rider	CR072-1	02/04	Endorsement/Amendment/Conditions	0.00	CR072-1.pdf
Approved	Business Partner Fraud Endorsement Schedule #1	CR073-1	02/04	Endorsement/Amendment/Conditions	0.00	CR073-1.pdf
Approved	Coverage Termination Rider	CR074-1	02/04	Endorsement/Amendment/Conditions	0.00	CR074-1.pdf

SERFF Tracking Number: TSMP-125805602 State: Arkansas
 Filing Company: Coface North America Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 01-AR-COF-CLASSIC(F)
 TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
 Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
 Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

Approved	Coverage Termination Rider	CR075-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR075-1.pdf
Approved	Factoring Rider	CR076-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR076-1.pdf
Approved	Recovery Charges Defined	CR077-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR077-1.pdf
Approved	Discretionary Credit Limit (Initial Shipment)	CR078-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR078-1.pdf
Approved	Interim Claim Settlement A Rider	CR080-1	02/04	Endorsement/Amendment/Conditions	New	0.00	CR080-1.pdf
Approved	Interim Claim Settlement B Rider	CR081-1	03/04	Endorsement/Amendment/Conditions	New	0.00	CR081-1.pdf
Approved	Discretionary Credit Limit	CR082-1	03/04	Endorsement/Amendment/Conditions	New	0.00	CR082-1.pdf
Approved	Discretionary Credit Limit (Reporting Form)(E)	CR083-1	03/04	Endorsement/Amendment/Conditions	New	0.00	CR083-1.pdf
Approved	Extraordinary Coverage A Rider (Reporting Form)(E)	CR084-1	03/04	Endorsement/Amendment/Conditions	New	0.00	CR084-1.pdf
Approved	L Rider (E)	CR085-1	03/04	Endorsement/Amendment	New	0.00	CR085-1.pdf

SERFF Tracking Number: TSMP-125805602 State: Arkansas
 Filing Company: Coface North America Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 01-AR-COF-CLASSIC(F)
 TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
 Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
 Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

Approval	Rider	CR	Effective Date	Description	Amount	Attachment
Approved	L Rider	CR086-1	03/04	Endorsement/Amendment/Conditions	0.00	CR086-1.pdf
Approved	Extraordinary Coverage A Rider (Political Risk-Reporting Form)	CR087-1	03/04	Endorsement/Amendment/Conditions	0.00	CR087-1.pdf
Approved	Extraordinary Coverage A Rider (Insolvency Only)	CR088-1	03/04	Endorsement/Amendment/Conditions	0.00	CR088-1.pdf
Approved	Monthly Reporting and Additional Premium Rider	CR089-1	03/04	Endorsement/Amendment/Conditions	0.00	CR089-1.pdf
Approved	L1 Alternate Governing Rider	CR090-1	03/04	Endorsement/Amendment/Conditions	0.00	CR090-1.pdf
Approved	L1 Available Coverage Rider	CR091-1	03/04	Endorsement/Amendment/Conditions	0.00	CR091-1.pdf
Approved	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet)	CR092-1	03/04	Endorsement/Amendment/Conditions	0.00	CR092-1.pdf
Approved	Delayed Effect of Cancellation Rider	CR093-1	03/04	Endorsement/Amendment/Conditions	0.00	CR093-1.pdf
Approved	Conditional Exemption of Primary Loss	CR094-1	06/04	Endorsement/Amendment/Conditions	0.00	CR094-1.pdf

SERFF Tracking Number: TSMP-125805602 State: Arkansas
 Filing Company: Coface North America Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 01-AR-COF-CLASSIC(F)
 TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
 Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
 Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

	Rider			ons		
Approved	Table of Ratings & Coverage Governing under Condition 1 (Coface @ Rating)	CR095-1	07/04	Endorsement/Amendment/Conditions	0.00	CR095-1.pdf
Approved	Table of Ratings & Coverage governing under Condition 1 (Dun & Bradstreet Inc. Global Financial Stress Scores	CR096-1	07/04	Endorsement/Amendment/Conditions	0.00	CR096-1.pdf
Approved	Table of Ratings & Coverage governing under Condition 1 (Nationally Recognized Statistical Rating Organization)	CR097-1	07/04	Endorsement/Amendment/Conditions	0.00	CR097-1.pdf
Approved	Arkansas Rider (Domestic)	CR001-1(AR)	08/08	Endorsement/Amendment/Conditions	0.00	Arkansas Domestic Rider.pdf
Approved	Arkansas Rider (Export)	CR002-1(AR)	08/08	Endorsement/Amendment/Conditions	0.00	Arkansas Export Rider.pdf
Approved	Arkansas Policyholder Notice (Domestic)	CR003-1(AR)	08/08	Endorsement/Amendment/Conditions	0.00	Arkansas Domestic Policy Holder Notice.pdf
Approved	Arkansas Policyholder Notice (Export)	CR004-1(AR)	08/08	Endorsement/Amendment/Conditions	0.00	Arkansas Export Policyholder

SERFF Tracking Number: TSMP-125805602 *State:* Arkansas
Filing Company: Coface North America Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: 01-AR-COF-CLASSIC(F)
TOI: 28.0 Credit *Sub-TOI:* 28.0003 Personal Property
Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

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Notice.pdf

COFACE NORTH AMERICA INSURANCE COMPANY

Policy of Credit Insurance

Policy Number DA-

All correspondence relating to any condition of this Policy, or to the proof or settlement of any claim for loss thereunder, must be addressed to the Company at its Administrative Office as designated in the declaration page of this Policy.

Policy of Credit Insurance

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DEFINITIONS

Certain words and phrases have special meanings when used in this Policy. They are defined below:

We, our and **us** mean Coface North America Insurance Company.

You, your and **yours** mean the individual, firm, partnership or corporation named as insured in the Policy Declaration.

Agency means the Governing Mercantile Agency named in the Policy Declaration.

Governing Rating means the rating assigned by the **Agency** to a debtor on the date of shipment.

Gross Loss means the lesser of:

- a) the total amount owing to **you** by a debtor at the date of the **Insolvency**; and
- b) the amount set opposite the **Governing Rating** of a debtor in the Table of Ratings and Coverage, as further described and limited in Condition 1 in this Policy.

Gross Sales means sales made by **you** during the policy term, less:

- a) all allowances actually made on said sales during the said term; and (b) the Invoiced price of any of said sales returned and accepted by **you** during the said term.

Insolvency, insolvent mean when any of the following has occurred:

- a) a voluntary or involuntary proceeding for the relief of a debtor has been instituted in a United States Bankruptcy Court;
- b) a voluntary or involuntary petition for the corporate reorganization of a debtor or for the arrangement of the debts of a debtor has been instituted in a United States Bankruptcy Court;

- c) a receiver is appointed of the whole or any part of the property of a debtor;
- d) a debtor, or a third party on behalf of a debtor, has made a general offer of compromise, in writing, to its creditors for less than its indebtedness;
- e) possession has been taken of a debtor's assets under an Assignment or Deed of Trust executed by the debtor for the benefit of its creditors;
- f) a creditors' committee has been formed for the sole purpose of liquidation of the debtor's assets;
- g) possession has been taken of a debtor's business assets under a chattel mortgage given thereon;
- h) a sale in bulk is made of a debtor's property and the date of the actual sale shall constitute the date of **Insolvency**;
- i) a debtor's assets have been sold under a writ of execution or attachment, or a writ of execution has been returned unsatisfied;
- j) an individual debtor has died;
- k) an individual debtor has been adjudged mentally incompetent;
- l) a debtor has absconded;
- m) a debtor's assets have been sold under a distraint or levy by any Taxing Authority or a landlord;
- n) a debtor has filed an Assignment or made a Proposal to creditors, under the Canadian Bankruptcy & Insolvency Act, or such further legislation governing bankruptcy and **insolvency** ("Canadian Bankruptcy Act") and the date on which the Assignment is filed, or the date on which the Proposal is filed with the Court, shall constitute the date of **Insolvency**;

- o) a Receiving Order is made against a debtor under the Canadian Bankruptcy Act and the date of the Receiving Order shall constitute the date of **Insolvency**.
- p) a debtor's assets have been sold under the Canadian Bank Act;
- q) a Winding-Up Order under the Canadian Winding Up Act is made against a debtor;
- r) a general meeting of unsecured creditors has been called by the debtor or on behalf of the debtor and the date of notice of such meeting shall be, for the purpose of this Policy, the date of **Insolvency**;
- s) an application for relief has been made under the provisions of the Canadian Companies Creditors Arrangement Act, or any statute now or hereafter in force concerning bankrupt or insolvent debtors, and the

date of the application shall be, for the purpose of this policy, the date of **Insolvency**.

Policy means this Policy, the Policy Declaration, the Application and any Riders annexed hereto. If there is a conflict between the provisions contained in this Policy and the provisions contained in a Rider, the provisions in the Rider shall govern.

Primary Loss means the following:
 The **Primary Loss** is established by multiplying the Primary Loss Percentage as set out in the Declaration Page of this Policy by the total **Gross Sales** made during the Policy Term. The **Primary Loss** shall be the greater of the **Primary Loss** as calculated above or the minimum **Primary Loss** as set out in the Policy Declaration.

AGREEMENT AND EXCLUSIONS

We will provide the insurance described in this Policy in consideration of the representations and warranties made in the application for this Policy of Insurance and of the payment of the premium as herein provided, and subject to the Conditions set forth on the within pages and the provisions of the Policy Declaration all of which are made a part of the Policy. The insurance provided protects **you** against loss due to **Insolvency** of debtors, which **Insolvency** has occurred within the Policy Term. Such loss shall consist of the unpaid purchase price of **your** bona fide **Gross Sales** of the Products Covered in the Policy Declaration shipped during the Sales Period and delivered in the usual course of business to individuals, firms, partnerships or corporations, which has been covered, filed and proven as

hereinafter provided, subject to the terms and conditions of this Policy.

The calculation of the excess loss owing by **us** to **you** is set out in Condition 6 herein and shall not exceed the Policy Amount.

Exclusions:

This Policy does not cover any loss:

- a) occurring prior to the payment of the Premium, although the Policy may have been delivered; or
- b) that is not a valid and legally sustainable indebtedness; or
- c) that has not been scheduled by and allowed against the debtor or the debtor's estate by a Trustee, Receiver, Executor, or Administrator unless there is a court order that the

indebtedness is valid and legally sustainable; or

- d) if the debtor to whom goods were shipped and delivered does not have, at the date of shipment, a **Governing Rating** for which Coverage is specified in the Table of Ratings and Coverage as set forth in the Policy Declaration; or
- e) if loss results from any sale by any individual, firm, parties or corporation not named in the Policy Declaration or specified Rider attached hereto; or
- f) resulting from loss due to enemy attack by armed forces, including

action taken by military, naval or air forces, in resisting an actual or immediately impending enemy attack; or

- g) if Notification of Claim has not been filed as referred to in Condition 3; or
- h) if **you** make any agreement with respect to the account of a debtor which would, at the date of filing with **us** or subsequent thereto, prejudice **us** or **you** in enforcement of any rights against the debtor unless prior to the agreement or action **we** have in writing consented to such agreement or action.

CONDITIONS: 1- Governing Rating and Coverage

The latest published rating book of the **Agency** shall be used to determine a debtor's **Governing Rating** for coverage on shipments made from the first day of the month named by that book to the first day of the month named by the next subsequent book. When the **Agency** changes a rating by written report, compiled and issued to **you** during the currency of the latest published book or within 4 months prior to the date thereof, that report, of which **you** have received a copy from the **Agency**, or written notice thereof from **us**, shall be used to determine the debtor's **Governing Rating** for coverage on shipments made after receipt by **you** of such written report from the **Agency**, or written notice thereof from **us**. If the **Agency** issues supplements to the rating book, the ratings appearing in the latest supplement published by the **Agency** prior to the date of shipment shall be deemed and construed to be the **Governing Rating** applying to the shipment, the same as though it had appeared in the latest published rating book of the **Agency** issued prior to the date of shipment. If the indebtedness of a

debtor at the date of **Insolvency** be for shipments made under different **Governing Ratings**, the **Gross Loss** covered on the total of such indebtedness shall not exceed the largest amount opposite that debtor's **Governing Rating** in the Table of Ratings and Coverage. Should a change of rating reduce the limit of coverage applicable to a debtor, shipments made thereafter shall be covered up to the amount shown opposite the reduced **Governing Rating** minus the covered **Gross Loss** owed to **you** under the prior **Governing Rating**.

Notwithstanding the foregoing paragraph, the amount of coverage applicable to a debtor under the Table of Ratings and Coverage at the beginning of the Policy Term as set forth in the Policy Declaration shall not be reduced for subsequent shipments made to the debtor while assigned a **Governing Rating** as high or higher than that set forth in the Table of Ratings and Coverage.

Every prepayment made by **you** for freight on any shipment covered by this

Policy, and for which the debtor is legally liable, shall be treated as part of the Invoice price payable by the debtor to **you** for the merchandise. Such prepayments shall accordingly be included in the calculation of **your Gross Sales** and **Gross Losses**.

When **you** make sales, shipments and deliveries to a debtor whose account is secured by a valid and legally binding guaranty, the coverage under this Policy applicable to the guarantor at the date of shipment, if higher than the coverage applicable to the debtor, shall, at **your** option, be used as the basis of coverage on such account under this Policy. If losses shall occur on accounts against different debtors secured by the same guaranty or a loss shall be on accounts

secured by guaranty and also on sales, shipments and deliveries made directly to the guarantor, then all the losses shall not in the aggregate be covered for a larger amount than would have been covered if all the sales, shipments and deliveries had been made directly to the guarantor.

Coverage afforded by this Policy is not cumulative. Therefore, if the indebtedness of a debtor to **you** at the date of **Insolvency** includes shipments made under a preceding policy as set forward in the Policy Declaration, the specified limit of coverage in this policy applicable to the indebtedness of such debtor shall be reduced by the gross amount of such indebtedness covered and allowable in settlement under said Preceding Policy.

2- Optional Filing of Past Due Accounts

When during the policy term, **you** assign to **us** an account for recovery against a debtor not insolvent, at the time the account was filed, then the part of the account that was due and payable at the date of filing, but no more than 3 months past due under the original terms of sale,

shall be treated under this Policy as though the debtor were **Insolvent**. Every such past due account so filed: (a) shall include all indebtedness then due and payable; and (b) shall be accompanied by a Notification of Claim as described in Condition 3.

3- Notification and Filing of Claims

You will, within 20 days after acquiring knowledge of a debtor's **Insolvency** and within the Policy Term, file Notification of Claim with **us**, on a form furnished by **us** and assign the entire account to **us** for recovery. If knowledge of a debtor's **Insolvency** is received too late to file a claim with **us** during the Policy Term, then such claim may be filed within 20 days after the Policy Term.

Every Notification of Claim assigned hereunder or under Condition 2 shall be accompanied by: (a) an itemized statement of account including the dates of shipment, terms of sale and payments made, and records in support of the claim; (b) all documents; and (c) any guarantees, securities, or other documents. **You** will, upon request, promptly furnish all information and documents required by **us**. All

Notifications of Claim must be received by **us** at the office shown in the Policy Declaration and shall be handled upon the terms provided for in Condition 4. The date of receipt of Notification of Claim shall be the date postmarked or otherwise delivered to **us**. No claim withdrawn by

you may be refilled under this or any other Policy.

The receipt, retention or handling by **us** of any claim filed by **you** under this Policy shall not constitute a waiver of any terms or conditions of this Policy, nor an acceptance of such claim.

4- Recovery of Claims & Schedule of Charges

If Notification of Claim was filed under Condition 2 or 3 of the Policy, **we** shall assume responsibility and the right to collect all cash, warrants, checks, drafts or sums of money received as payment on debts existing between **you** and **your** debtors and incident to the accounts assigned to **us** through the Notification of Claim. **We** shall devote our best efforts to the recovery of all such accounts and the distribution of such recoveries to **you**. This assignment is made pursuant to the terms and conditions of the Notification of Claim. **We** shall, after deduction of charges and expenses, remit to **you** all amounts due and owing as a result of **our** recovery efforts. The charges assessed on recovery are as follows:

1. Free Service: No charge shall be made on any recovery effected: (a) within 15 days after demand has been made by **us**; and (b) on any undisputed or unlitigated claim, insofar as covered, after the debtor has become **insolvent**.

If any balance remains unpaid at the expiration of the 15 day free service period referred to in (1) (a) above, **we** will continue to handle the account subject to the following charges:

2. Whenever **we** effect recovery without the services of an attorney: 20% on the first \$300.00; 18% between

\$300.00 and \$2,000.00; 13% on the excess over \$2,000.00.

3. Whenever **we** effect recovery through the services of an attorney, the attorney will be entitled to 20% on the first \$300.00; 18% from \$300.00 to \$2,000.00 and 13% of the excess over \$2,000.00. Such charges of the attorney shall be in addition to our service charges which are: 5% on the first \$2,000.00; 3% on the excess over \$2,000.00;

You will authorize suit or other proceedings and will promptly advance and pay suit fees, costs, and expenses required when **we** deem it necessary for the purpose of enforcing recovery from a debtor, guarantor, surety, or endorser. Failure to do so within 7 days of written request by **us** shall be deemed a withdrawal of the claim by **you**. When there is any return of merchandise or direct payment to **you**, or when a claim is withdrawn by **you**, the costs and charges outlined above will be paid by **you** as if recovery had been effected through **us**. In the handling of a claim filed under this Policy, **we** have authority to: (a) endorse notes, checks or drafts on **your** behalf and in **your** name; (b) deposit said notes, checks or drafts, or the proceeds of recovery thereof, in **our** account or to **our** credit.

When litigation or other proceedings have been authorized by **you**, a non-contingent attorney's fee shall be paid by **you**. Charges, when applicable, shall be in addition to such attorney's fee. The

remittance to **you**, of amounts recovered, shall not be construed as a determination of coverage, nor as a waiver of any of the terms or conditions of this Policy.

5- Final Statement of Claim

In order to make a claim for loss in excess of the **Primary Loss**, **you** will complete a Final Statement of Claim Form after the Policy Term. **We** will furnish **you** with such forms upon request. The completed

form must be received by **us** at the office shown in the Policy Declaration within 1 month after the Policy Term.

6- Claim Settlement

Any amounts due and owing **you** will be paid within 2 months after the receipt by **us** of the Final Statement of Claim. To ascertain the excess loss due **you** in any settlement under this Policy, there will be deducted from each **Gross Loss** covered, filed and proved hereunder:

- a) all amounts recovered from the debtor or obtained from any other source;
- b) the invoiced price of goods returned, reclaimed or replevined;
- c) any discount to which the debtor would be entitled at the time of settlement;
- d) any legally sustainable set-off that the debtor may have against **you**.

If the entire indebtedness of a debtor to **you** at the date of **Insolvency** is in excess of the **Gross Loss** in respect to such debtor, then the above deductions shall be made pro rata, i.e., in the ratio which the **Gross Loss** in respect to such debtor bears to the entire indebtedness of such debtor. Having made the foregoing deductions from each **Gross Loss** covered, filed and proved under this Policy, the remainder shall be the Net

Loss. From the aggregate amount of the Net Loss, there shall be deducted 10% thereof as Co-Insurance. Then, from the balance, the **Primary Loss** shall be deducted. The remainder, not exceeding the Policy Amount, less any amount owing by **you** by **us**, shall be the excess loss payable to **you**.

If any covered claim of **yours** against a debtor is disputed in whole or in part, the same shall not be allowed in any settlement under this Policy until such disputed claim is finally determined by court order or other agreement acceptable to **us**, to be a valid and legally sustainable indebtedness against the debtor or the debtor's estate. At that time, such claim, so far as covered, and as calculated herein will be paid. **You** will: (a) assign to **us** all claims allowed in settlement together with all securities and guarantees relating thereto and will execute the documents provided to **you** by **us** for that purpose; (b) warrant the legal validity of the indebtedness for the amount of such claims; and (c) upon demand reimburse **us** for any amount paid by **us** to **you** on any indebtedness which has not been

allowed against the debtor or the debtor's estate, together with the expense of any action thereon. Any claim assigned to **us**, which is not covered in full by this Policy,

will be handled by **us** for the joint benefit of **you** and **us**.

7- Disposal of Assigned Claims

On any claim assigned to **us** in Claim Settlement, **we** will promptly remit to **you**, after deduction of recovery charges and expenses, **your** pro rata share, as calculated in Condition 6 of any amount realized. On each claim assigned to **us**, **you** will: (a) remit to **us** each payment received; and (b) remit **our** share of any credit allowed together with the charges applicable to **your** share of the credit.

In the event **we** deem it necessary to enforce recovery from a debtor, guarantor, surety or endorser on a claim

assigned under Claim Settlement, **we** and **you** shall share the expenses required as their interests appear.

If, after deduction of recovery charges and expenses, **we** realize a net amount in excess of the total amount paid to **you** in Claim Settlement, **we** will promptly remit the net excess to **you** as well as all net amounts realized thereafter less any amount owing to **us**. Upon **your** written request, **we** will reassign all claims assigned to **us** in Claim Settlement.

8- Assignment of Policy

This Policy is not assignable by **you**. Upon written request by you, **we** will pay any amounts payable to **you** to such payee as designated by **you**.

9- Termination

If, during the Policy Term **you**: (a) become **insolvent**; or (b) cease to carry on business described in the Declaration; or (c) go into liquidation; or (d) seek a general extension from **your** creditors; or

(e) if **you** are a partnership, **you** are dissolved; this Policy shall terminate as to coverage on shipments made after any of the above events.

10- General Provisions

Premium-

The premium for this Policy shall be paid by check to **our** order and shall accompany the application. **We** may, at **our** option, accept premium notes or premium agreements. If premium notes

or premium agreements are paid before maturity, the premium for the Policy shall be construed as paid as of the date of such premium note or agreement. If any note or agreement is in default, **we** shall have the option, to be exercised within 60

days of such default, to cancel this Policy from its inception with full refund of any portion of the premium paid. Such cancellation shall be by notice to **you**. Should **we** not exercise **our** privilege of cancellation, the Policy shall remain in force but no loss shall be covered which may have occurred prior to the payment of any premium note or agreement in default. **We** will acknowledge the receipt of all Notification of Claim and Final Statement of Claim forms. Neither the acknowledgement nor the retention of Notifications of Claim or Final Settlement of Claim by **us**, shall be an admission of liability or a waiver by **us** of any terms or conditions of this Policy.

Representations & Warranties-

The representations and warranties made by **you** in the application for this Policy are the basis for this Policy and are a part thereof. Breach of warranty, misrepresentation, concealment or fraud in obtaining this Policy, or in any Notification of Claim or Final Statement of Claim filed under this Policy, or in the proof or settlement of any claim for loss under this Policy, shall void this Policy from its beginning and the premium paid shall be forfeited to **us**. If, by the law of the State or Province named in the Policy Declaration as **your** address, warranties are prohibited, then in conformity therewith, whenever the words "warrant", "warranty", or "warranties" appear in this Policy, the references in this Policy and any other rider attached thereto are changed to "represent", "representation", or "representations".

Examination of Records-

You will permit **us** to examine and take extracts from **your** books, documents and records relevant to: (a) any Notification of Claim or Final Settlement of Claim filed pursuant to this Policy; (b) any settlement

pursuant to this Policy; (c) any representation or warranty made in the application for this Policy; or (d) any claim made either by **you** or by **us** under this Policy. **You** will give such assistance and information as **we** require, but no such examination, investigation or proceeding shall be an admission of liability or waiver of any terms or conditions of this Policy.

The rendering of any estimate or statement or the making of any settlement shall not bar: (a) the examination herein provided for; (b) **our** right to unpaid charges; (c) a refund of any amount overpaid **you** in any settlement by **us**; or (d) **your** right of any amount owed to **you**.

Suit Against Us-

No suit or action on this Policy shall be brought or be sustainable until after the full compliance by **you** with the Policy terms and conditions. An action must be commenced within 12 months after the expiration of the Policy Term. If the said limitation of time for the commencement of suit be prohibited by any specific law or statute in force in the State or Province named in the Policy Declaration as **your** address, the said limitation is hereby amended to conform with the minimum period of limitation permitted by said law or statute.

Conformance to Statute

Any provision of this Policy, which on its effective date, is in conflict with the statutes of the State or Province named in the Policy Declaration as **your** address, is hereby amended to conform to the minimum requirements of such statutes.

11- Policy Acceptance

This Policy shall not be binding upon **us** unless both it and the Policy Declaration are authenticated by the signature of an Officer or Assistant Officer for **us**.

This Policy sets forth the entire agreement and understanding of the parties in respect of the matters provided for herein and supersedes all prior agreements, arrangements and understandings relating to the subject matters hereof. No representation, promise, inducement or statement of intention has been made by any party hereto relating to any subject matters which are not embodied in this Policy, and no party hereto shall be bound by or liable for any alleged representation, promise, inducement or statement of intention not set forth in this Policy.

If any term or provision of this Policy or the application thereof to any person or circumstances is found to be invalid or unenforceable to any extent, the remainder of the Policy or the application of such term or provision to such person or circumstances other than those to which it is held invalid or unenforceable shall not be affected thereby and each term or provision of this Policy shall be valid and enforceable to the extent permitted by law.

Time is of the essence in this Policy and of each and every matter and thing hereto provided for.

This agreement is governed by the law of the State or Province named in the Policy Declaration as **your** address.

Any notice provided for or permitted in this Policy shall be in writing, personally delivered to an officer or other responsible employee of the addressee, or sent by telex, telecopy or other like means of electronic transmission of written

messages to the applicable address set forth below or to such other address as any party hereto may from time to time designate to the other.

Any notice personally delivered shall be deemed to have been validly and effectively given on the date of such delivery. Any notice sent by telex, telecopy or other like means of electronic transmission of written messages shall be deemed to have been validly and effectively given on the business day next following the day on which it is sent.

Notices shall be addresses as follows:

- i. If to **you**:
At the address set out in the Policy Declaration;
- ii. If to **us**:
At the address set out in the Policy Declaration.

Coface North America Insurance Company

President

Secretary

COFACE NORTH AMERICA INSURANCE COMPANY

Policy of Credit Insurance

Policy Number D-

All correspondence relating to any condition of this Policy, or to the proof or settlement of any claim for loss thereunder, must be addressed to the Company at its Administrative Office as designated in the declaration page of this Policy.

Policy of Credit Insurance

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DEFINITIONS

Certain words and phrases have special meanings when used in this Policy. They are defined below:

We, our and **us** mean Coface North America Insurance Company.

You, your and **yours** mean the individual, firm, partnership or corporation named as insured in the Policy Declaration.

Agency means the Governing Mercantile Agency named in the Policy Declaration.

Governing Rating means the rating assigned by the **Agency** to a debtor on the date of shipment.

Gross Loss means the lesser of:

- a) the total amount owing to **you** by a debtor at the date of the **Insolvency**; and
- b) the amount set opposite the **Governing Rating** of a debtor in the Table of Ratings and Coverage, as further described and limited in Condition 1 in this Policy.

Gross Sales means sales made by **you** during the policy term, less:

- a) all allowances actually made on said sales during the said term; and (b) the Invoiced price of any of said sales returned and accepted by **you** during the said term.

Insolvency, insolvent mean when any of the following has occurred:

- a) a voluntary or involuntary proceeding for the relief of a debtor has been instituted in a United States Bankruptcy Court;
- b) a voluntary or involuntary petition for the corporate reorganization of a debtor or for the arrangement of the debts of a debtor has been instituted in a United States Bankruptcy Court;

- c) a receiver is appointed of the whole or any part of the property of a debtor;
- d) a debtor, or a third party on behalf of a debtor, has made a general offer of compromise, in writing, to its creditors for less than its indebtedness;
- e) possession has been taken of a debtor's assets under an Assignment or Deed of Trust executed by the debtor for the benefit of its creditors;
- f) a creditors' committee has been formed for the sole purpose of liquidation of the debtor's assets;
- g) possession has been taken of a debtor's business assets under a chattel mortgage given thereon;
- h) a sale in bulk is made of a debtor's property and the date of the actual sale shall constitute the date of **Insolvency**;
- i) a debtor's assets have been sold under a writ of execution or attachment, or a writ of execution has been returned unsatisfied;
- j) an individual debtor has died;
- k) an individual debtor has been adjudged mentally incompetent;
- l) a debtor has absconded;
- m) a debtor's assets have been sold under a distraint or levy by any Taxing Authority or a landlord;
- n) a debtor has filed an Assignment or made a Proposal to creditors, under the Canadian Bankruptcy & Insolvency Act, or such further legislation governing bankruptcy and **insolvency** ("Canadian Bankruptcy Act") and the date on which the Assignment is filed, or the date on which the Proposal is filed with the Court, shall constitute the date of **Insolvency**;

- o) a Receiving Order is made against a debtor under the Canadian Bankruptcy Act and the date of the Receiving Order shall constitute the date of **Insolvency**.
- p) a debtor's assets have been sold under the Canadian Bank Act;
- q) a Winding-Up Order under the Canadian Winding Up Act is made against a debtor;
- r) a general meeting of unsecured creditors has been called by the debtor or on behalf of the debtor and the date of notice of such meeting shall be, for the purpose of this Policy, the date of **Insolvency**;
- s) an application for relief has been made under the provisions of the Canadian Companies Creditors Arrangement Act, or any statute now or hereafter in force concerning bankrupt or insolvent debtors, and the

date of the application shall be, for the purpose of this policy, the date of **Insolvency**.

Policy means this Policy, the Policy Declaration, the Application and any Riders annexed hereto. If there is a conflict between the provisions contained in this Policy and the provisions contained in a Rider, the provisions in the Rider shall govern.

Primary Loss means the following:
 The **Primary Loss** is established by multiplying the Primary Loss Percentage as set out in the Declaration Page of this Policy by the total **Gross Sales** made during the Policy Term. The **Primary Loss** shall be the greater of the **Primary Loss** as calculated above or the minimum **Primary Loss** as set out in the Policy Declaration.

AGREEMENT AND EXCLUSIONS

We will provide the insurance described in this Policy in consideration of the representations and warranties made in the application for this Policy of Insurance and of the payment of the premium as herein provided, and subject to the Conditions set forth on the within pages and the provisions of the Policy Declaration all of which are made a part of the Policy. The insurance provided protects **you** against loss due to **Insolvency** of debtors, which **Insolvency** has occurred within the Policy Term. Such loss shall consist of the unpaid purchase price of **your** bona fide **Gross Sales** of the Products Covered shipped and delivered during the Policy Term in the usual course of business to individuals, firms, partnerships or corporations, which has been covered, filed and proven as hereinafter provided,

subject to the terms and conditions of this Policy.

The calculation of the excess loss owing by **us** to **you** is set out in Condition 6 herein and shall not exceed the Policy Amount.

Exclusions:

This Policy does not cover any loss:

- a) occurring prior to the payment of the Premium, although the Policy may have been delivered; or
- b) that is not a valid and legally sustainable indebtedness; or
- c) that has not been scheduled by and allowed against the debtor or the debtor's estate by a Trustee, Receiver, Executor, or Administrator unless there is a court order that the

indebtedness is valid and legally sustainable; or

- d) if the debtor to whom goods were shipped and delivered does not have, at the date of shipment, a **Governing Rating** for which Coverage is specified in the Table of Ratings and Coverage as set forth in the Policy Declaration; or
- e) if loss results from any sale by any individual, firm, parties or corporation not named in the Policy Declaration or specified Rider attached hereto; or
- f) resulting from loss due to enemy attack by armed forces, including action taken by military, naval or air

forces, in resisting an actual or immediately impending enemy attack; or

- g) if Notification of Claim has not been filed as referred to in Condition 3; or
- h) if **you** make any agreement with respect to the account of a debtor which would, at the date of filing with **us** or subsequent thereto, prejudice **us** or **you** in enforcement of any rights against the debtor unless prior to the agreement or action **we** have in writing consented to such agreement or action.

CONDITIONS: 1- Governing Rating and Coverage

The latest published rating book of the **Agency** shall be used to determine a debtor's **Governing Rating** for coverage on shipments made from the first day of the month named by that book to the first day of the month named by the next subsequent book. When the **Agency** changes a rating by written report, compiled and issued to **you** during the currency of the latest published book or within 4 months prior to the date thereof, that report, of which **you** have received a copy from the **Agency**, or written notice thereof from **us**, shall be used to determine the debtor's **Governing Rating** for coverage on shipments made after receipt by **you** of such written report from the **Agency**, or written notice thereof from **us**. If the **Agency** issues supplements to the rating book, the ratings appearing in the latest supplement published by the **Agency** prior to the date of shipment shall be deemed and construed to be the **Governing Rating** applying to the shipment, the same as though it had appeared in the latest published rating book of the **Agency** issued prior to the

date of shipment. If the indebtedness of a debtor at the date of **Insolvency** be for shipments made under different **Governing Ratings**, the **Gross Loss** covered on the total of such indebtedness shall not exceed the largest amount opposite that debtor's **Governing Rating** in the Table of Ratings and Coverage. Should a change of rating reduce the limit of coverage applicable to a debtor, shipments made thereafter shall be covered up to the amount shown opposite the reduced **Governing Rating** minus the covered **Gross Loss** owed to **you** under the prior **Governing Rating**.

Notwithstanding the foregoing paragraph, the amount of coverage applicable to a debtor under the Table of Ratings and Coverage at the beginning of the Policy Term as set forth in the Policy Declaration shall not be reduced for subsequent shipments made to the debtor while assigned a **Governing Rating** as high or higher than that set forth in the Table of Ratings and Coverage.

Every prepayment made by **you** for freight on any shipment covered by this Policy, and for which the debtor is legally liable, shall be treated as part of the Invoice price payable by the debtor to **you** for the merchandise. Such prepayments shall accordingly be included in the calculation of **your Gross Sales** and **Gross Losses**.

When **you** make sales, shipments and deliveries to a debtor whose account is secured by a valid and legally binding guaranty, the coverage under this Policy applicable to the guarantor at the date of

shipment, if higher than the coverage applicable to the debtor, shall, at **your** option, be used as the basis of coverage on such account under this Policy. If losses shall occur on accounts against different debtors secured by the same guaranty or a loss shall be on accounts secured by guaranty and also on sales, shipments and deliveries made directly to the guarantor, then all the losses shall not in the aggregate be covered for a larger amount than would have been covered if all the sales, shipments and deliveries had been made directly to the guarantor.

2- Optional Filing of Past Due Accounts

When during the policy term, **you** assign to **us** an account for recovery against a debtor not insolvent, at the time the account was filed, then the part of the account that was due and payable at the date of filing, but no more than 3 months past due under the original terms of sale,

shall be treated under this Policy as though the debtor were **Insolvent**. Every such past due account so filed: (a) shall include all indebtedness then due and payable; and (b) shall be accompanied by a Notification of Claim as described in Condition 3.

3- Notification and Filing of Claims

You will, within 20 days after acquiring knowledge of a debtor's **Insolvency** and within the Policy Term, file Notification of Claim with **us**, on a form furnished by **us** and assign the entire account to us for recovery. If knowledge of a debtor's **Insolvency** is received too late to file a claim with **us** during the Policy Term, then such claim may be filed within 20 days after the Policy Term.

Every Notification of Claim assigned hereunder or under Condition 2 shall be accompanied by: (a) an itemized statement of account including the dates of shipment, terms of sale and payments made, and records in support of the claim;

(b) all documents; and (c) any guarantees, securities, or other documents. **You** will, upon request, promptly furnish all information and documents required by **us**. All Notifications of Claim must be received by **us** at the office shown in the Policy Declaration and shall be handled upon the terms provided for in Condition 4. The date of receipt of Notification of Claim shall be the date postmarked or otherwise delivered to **us**. No claim withdrawn by **you** may be refilled under this or any other Policy.

The receipt, retention or handling by **us** of any claim filed by **you** under this Policy

shall not constitute a waiver of any terms or conditions of this Policy, nor an

acceptance of such claim.

4- Recovery of Claims & Schedule of Charges

If Notification of Claim was filed under Condition 2 or 3 of the Policy, **we** shall assume responsibility and the right to collect all cash, warrants, checks, drafts or sums of money received as payment on debts existing between **you** and **your** debtors and incident to the accounts assigned to **us** through the Notification of Claim. **We** shall devote our best efforts to the recovery of all such accounts and the distribution of such recoveries to **you**. This assignment is made pursuant to the terms and conditions of the Notification of Claim. **We** shall, after deduction of charges and expenses, remit to **you** all amounts due and owing as a result of **our** recovery efforts. The charges assessed on recovery are as follows:

1. Free Service: No charge shall be made on any recovery effected: (a) within 15 days after demand has been made by **us**; and (b) on any undisputed or unlitigated claim, insofar as covered, after the debtor has become **insolvent**.

If any balance remains unpaid at the expiration of the 15 day free service period referred to in (1) (a) above, **we** will continue to handle the account subject to the following charges:

2. Whenever **we** effect recovery without the services of an attorney: 20% on the first \$300.00; 18% between \$300.00 and \$2,000.00; 13% on the excess over \$2,000.00.
3. Whenever **we** effect recovery through the services of an attorney, the

attorney will be entitled to 20% on the first \$300.00; 18% from \$300.00 to \$2,000.00 and 13% of the excess over \$2,000.00. Such charges of the attorney shall be in addition to our service charges which are: 5% on the first \$2,000.00; 3% on the excess over \$2,000.00;

You will authorize suit or other proceedings and will promptly advance and pay suit fees, costs, and expenses required when **we** deem it necessary for the purpose of enforcing recovery from a debtor, guarantor, surety, or endorser. Failure to do so within 7 days of written request by **us** shall be deemed a withdrawal of the claim by **you**. When there is any return of merchandise or direct payment to **you**, or when a claim is withdrawn by **you**, the costs and charges outlined above will be paid by **you** as if recovery had been effected through **us**. In the handling of a claim filed under this Policy, **we** have authority to: (a) endorse notes, checks or drafts on **your** behalf and in **your** name; (b) deposit said notes, checks or drafts, or the proceeds of recovery thereof, in **our** account or to **our** credit.

When litigation or other proceedings have been authorized by **you**, a non-contingent attorney's fee shall be paid by **you**. Charges, when applicable, shall be in addition to such attorney's fee. The remittance to **you**, of amounts recovered, shall not be construed as a determination of coverage, nor as a waiver of any of the terms or conditions of this Policy.

5- Final Statement of Claim

In order to make a claim for loss in excess of the **Primary Loss**, **you** will complete a Final Statement of Claim Form after the Policy Term. **We** will furnish **you** with

such forms upon request. The completed form must be received by **us** at the office shown in the Policy Declaration within 1 month after the Policy Term.

6- Claim Settlement

Any amounts due and owing **you** will be paid within 2 months after the receipt by **us** of the Final Statement of Claim. To ascertain the excess loss due **you** in any settlement under this Policy, there will be deducted from each **Gross Loss** covered, filed and proved hereunder:

- a) all amounts recovered from the debtor or obtained from any other source;
- b) the invoiced price of goods returned, reclaimed or replevined;
- c) any discount to which the debtor would be entitled at the time of settlement;
- d) any legally sustainable set-off that the debtor may have against **you**.

If the entire indebtedness of a debtor to **you** at the date of **Insolvency** is in excess of the **Gross Loss** in respect to such debtor, then the above deductions shall be made pro rata, i.e., in the ratio which the **Gross Loss** in respect to such debtor bears to the entire indebtedness of such debtor. Having made the foregoing deductions from each **Gross Loss** covered, filed and proved under this Policy, the remainder shall be the Net Loss. From the aggregate amount of the Net Loss, there shall be deducted 10% thereof as Co-Insurance. Then, from the

balance, the **Primary Loss** shall be deducted. The remainder, not exceeding the Policy Amount, less any amount owing by **you** by **us**, shall be the excess loss payable to **you**.

If any covered claim of **yours** against a debtor is disputed in whole or in part, the same shall not be allowed in any settlement under this Policy until such disputed claim is finally determined by court order or other agreement acceptable to **us**, to be a valid and legally sustainable indebtedness against the debtor or the debtor's estate. At that time, such claim, so far as covered, and as calculated herein will be paid. **You** will: (a) assign to **us** all claims allowed in settlement together with all securities and guarantees relating thereto and will execute the documents provided to **you** by **us** for that purpose; (b) warrant the legal validity of the indebtedness for the amount of such claims; and (c) upon demand reimburse **us** for any amount paid by **us** to **you** on any indebtedness which has not been allowed against the debtor or the debtor's estate, together with the expense of any action thereon. Any claim assigned to **us**, which is not covered in full by this Policy, will be handled by **us** for the joint benefit of **you** and **us**.

7- Disposal of Assigned Claims

On any claim assigned to **us** in Claim Settlement, **we** will promptly remit to **you**, after deduction of recovery charges and expenses, **your** pro rata share, as calculated in Condition 6 of any amount realized. On each claim assigned to **us**, **you** will: (a) remit to **us** each payment received; and (b) remit **our** share of any credit allowed together with the charges applicable to **your** share of the credit.

In the event **we** deem it necessary to enforce recovery from a debtor, guarantor, surety or endorser on a claim

assigned under Claim Settlement, **we** and **you** shall share the expenses required as their interests appear.

If, after deduction of recovery charges and expenses, **we** realize a net amount in excess of the total amount paid to **you** in Claim Settlement, **we** will promptly remit the net excess to **you** as well as all net amounts realized thereafter less any amount owing to **us**. Upon **your** written request, **we** will reassign all claims assigned to **us** in Claim Settlement.

8- Assignment of Policy

This Policy is not assignable by **you**. Upon written request by you, **we** will pay

any amounts payable to **you** to such payee as designated by **you**.

9- Termination

If, during the Policy Term **you**: (a) become **insolvent**; or (b) cease to carry on business described in the Declaration; or (c) go into liquidation; or (d) seek a general extension from **your** creditors; or

(e) if **you** are a partnership, **you** are dissolved; this Policy shall terminate as to coverage on shipments made after any of the above events.

10- General Provisions

Premium-

The premium for this Policy shall be paid by check to **our** order and shall accompany the application. **We** may, at **our** option, accept premium notes or premium agreements. If premium notes or premium agreements are paid before maturity, the premium for the Policy shall be construed as paid as of the date of such premium note or agreement. If any note or agreement is in default, **we** shall have the option, to be exercised within 60 days of such default, to cancel this Policy

from its inception with full refund of any portion of the premium paid. Such cancellation shall be by notice to **you**. Should **we** not exercise **our** privilege of cancellation, the Policy shall remain in force but no loss shall be covered which may have occurred prior to the payment of any premium note or agreement in default. **We** will acknowledge the receipt of all Notification of Claim and Final Statement of Claim forms. Neither the acknowledgement nor the retention of Notifications of Claim or Final Settlement

of Claim by **us**, shall be an admission of liability or a waiver by **us** of any terms or conditions of this Policy.

Representations & Warranties-

The representations and warranties made by **you** in the application for this Policy are the basis for this Policy and are a part thereof. Breach of warranty, misrepresentation, concealment or fraud in obtaining this Policy, or in any Notification of Claim or Final Statement of Claim filed under this Policy, or in the proof or settlement of any claim for loss under this Policy, shall void this Policy from its beginning and the premium paid shall be forfeited to **us**. If, by the law of the State or Province named in the Policy Declaration as **your** address, warranties are prohibited, then in conformity therewith, whenever the words "warrant", "warranty", or "warranties" appear in this Policy, the references in this Policy and any other rider attached thereto are changed to "represent", "representation", or "representations".

Examination of Records-

You will permit **us** to examine and take extracts from **your** books, documents and records relevant to: (a) any Notification of Claim or Final Settlement of Claim filed pursuant to this Policy; (b) any settlement pursuant to this Policy; (c) any representation or warranty made in the application for this Policy; or (d) any claim made either by **you** or by **us** under this Policy. **You** will give such assistance and

information as **we** require, but no such examination, investigation or proceeding shall be an admission of liability or waiver of any terms or conditions of this Policy.

The rendering of any estimate or statement or the making of any settlement shall not bar: (a) the examination herein provided for; (b) our right to unpaid charges; (c) a refund of any amount overpaid **you** in any settlement by **us**; or (d) **your** right of any amount owed to **you**.

Suit Against Us-

No suit or action on this Policy shall be brought or be sustainable until after the full compliance by **you** with the Policy terms and conditions. An action must be commenced within 12 months after the expiration of the Policy Term. If the said limitation of time for the commencement of suit be prohibited by any specific law or statute in force in the State or Province named in the Policy Declaration as your address, the said limitation is hereby amended to conform with the minimum period of limitation permitted by said law or statute.

Conformance to Statute

Any provision of this Policy, which on its effective date, is in conflict with the statutes of the State or Province named in the Policy Declaration as your address, is hereby amended to conform to the minimum requirements of such statutes.

11- Policy Acceptance

This Policy shall not be binding upon **us** unless both it and the Policy Declaration are authenticated by the signature of an Officer or Assistant Officer for **us**.

This Policy sets forth the entire agreement and understanding of the parties in respect of the matters provided for herein and supersedes all prior agreements, arrangements and understandings relating to the subject matters hereof. No representation, promise, inducement or statement of intention has been made by any party hereto relating to any subject matters which are not embodied in this Policy, and no party hereto shall be bound by or liable for any alleged representation, promise, inducement or statement of intention not set forth in this Policy.

If any term or provision of this Policy or the application thereof to any person or circumstances is found to be invalid or unenforceable to any extent, the remainder of the Policy or the application of such term or provision to such person or circumstances other than those to which it is held invalid or unenforceable shall not be affected thereby and each term or provision of this Policy shall be valid and enforceable to the extent permitted by law.

Time is of the essence in this Policy and of each and every matter and thing hereto provided for.

This agreement is governed by the law of the State or Province named in the Policy Declaration as **your** address.

Any notice provided for or permitted in this Policy shall be in writing, personally delivered to an officer or other responsible employee of the addressee, or sent by telex, telecopy or other like means of electronic transmission of written messages to the applicable address set

forth below or to such other address as any party hereto may from time to time designate to the other.

Any notice personally delivered shall be deemed to have been validly and effectively given on the date of such delivery. Any notice sent by telex, telecopy or other like means of electronic transmission of written messages shall be deemed to have been validly and effectively given on the business day next following the day on which it is sent.

Notices shall be addresses as follows:

- i. If to **you**:
At the address set out in the Policy Declaration;
- ii. If to **us**:
At the address set out in the Policy Declaration.

Coface North America Insurance Company

President

Secretary

COFACE NORTH AMERICA INSURANCE COMPANY

Policy of Export Credit Insurance

Policy Number E-

All correspondence relating to any condition of this Policy, or to the proof or settlement of any claim for loss thereunder, must be addressed to the Company at its Administrative Office as designated in the declaration page of the Policy.

POLICY OF CREDIT INSURANCE

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Definitions

Certain words and phrases have special meanings when used in this Policy. They are defined below:

We, our, and us mean Coface North America Insurance Company.

You, your, and yours mean the individual, firm, co-partnership or corporation named Insured in this Policy.

Gross loss means the lesser of:

- a) the total amount owing to **you** by a debtor at the date of Insolvency; and
- b) the gross amount of coverage set opposite the debtor's name.

Insolvency, insolvent mean when any of the following shall have occurred:

- a) The debtor has been declared bankrupt or its liquidation has been ordered by a court of the judiciary;
- b) Collective proceedings aimed at avoiding bankruptcy or judicial liquidation have been instituted in a court of the judiciary following which payments are ceased or suspended;
- c) The debtor shall have made in writing a general offer of amicable agreement or compromise to all his ordinary creditors for the settlement of his indebtedness with abatement thereof and this offer

shall have been unanimously accepted;

- d) Possession shall have been taken of all the debtor's assets under a chattel mortgage given thereon or a bona fide transfer thereof by the debtor for the benefit of his creditors;
- e) All of the debtor's assets shall have been sold under writ of execution or such writ shall have been returned unsatisfied in the absence of any assets in the debtor's country.

Primary Loss means the following:

The **Primary Loss** is established by multiplying the Primary Loss Percentage as set out in the Declaration Page of this Policy by the total Gross Sales made during the Policy Term. The **Primary Loss** shall be the greater of the **Primary Loss** as calculated above or the minimum **Primary Loss** as set out in the Policy Declaration.

Reimbursable recovery expenses means:

- a) extraordinary expenses incurred by **you** to effect recovery after a Notification of Claim is filed in accordance with Condition 2 or 3 of this policy, provided **we** give prior written approval to incur the expense; and
- b) any expense incurred by **us** to prevent or minimize loss or effect recovery.

Agreement

We will provide the insurance described in this Policy in consideration of the representations and warranties made in the application for this Policy of Credit Insurance and of the payment of the premium, and subject to the Conditions set forth on the within pages and the provisions of the Policy Declaration, all of which are made a part of the Policy. The insurance provided protects **you** against loss due to **Insolvency** of debtors, which **Insolvency** shall have

occurred within the Policy Term. Such loss shall consist of the unpaid purchase price of **your** bona fide sales of the Products Covered in the Policy Declaration shipped during the Policy Term and delivered in the usual course of business to individuals, firms, co-partnerships or corporations, in (see endorsement) and shall have been covered, filed and proven as hereinafter provided.

It is understood that any premium due **us**, all invoices billed to **you** by **us**, all coverage, and

any excess loss payable to **you** under this Policy shall be in United States currency.

All invoicing by **you** must be billed and payable in an approved currency specified in the Policy Declaration. In the event of a claim, if the invoice is in a currency other than

United States currency, the entire indebtedness of a debtor will be converted to United States currency from the foreign currency at the exchange rate published in the *Wall Street Journal* on the date of shipment.

Exclusions

This Policy shall not cover any loss:

- a) occurring prior to the payment of the Premium, although the Policy may have been delivered;
- b) arising from a breach by **you** or the buyer or anyone acting on behalf of either to comply with any law or regulation applicable in **your** country or abroad;
- c) that is not a valid or legally sustainable indebtedness or has not been scheduled by and allowed against the debtor or the debtor's estate;
- d) if loss results from any account sold under any "style name" not mentioned in this Policy;
- e) resulting from loss due to enemy attack by armed forces, to civil war, declared or de facto, to occupation whether total or partial by a foreign power, to riot, mutiny, revolution or any enemy attack by a foreign government or sovereign power or any action taken by a country or its allies in resisting such attack; from a war, including civil war, hostilities, rebellion, insurrection, revolution, riot or civil commotion;
- f) If Notification of Claim has not been filed as referred to in Condition (3);
- g) If **you** made any agreement with respect to the account of a debtor which would, at the date of filing with **us** or subsequent thereto, prevent or delay any action thereon, or which would interfere with the exercise of **our** judgment upon any proposal by the debtor to its creditors, without first having received **our** consent thereto in writing;
- h) from natural disasters such as cyclone, flood, earthquake, volcanic eruption, tidal wave, etc.;
- i) from a nuclear explosion or contamination;
- j) from any measure or decision taken by the authorities of a state;
- k) from a moratorium decreed by the authorities of the buyer's country or by the authorities of a third country through which payment must be effected;
- l) from political events or economic difficulties or legislative or administrative measures which prevent or delay the transfer of payment by the buyer or the guarantor;
- m) If **you** withdraw, for any reason, the Notification of Claim form submitted under Condition 2 or 3 of this policy. It is also agreed that a withdrawn claim cannot be covered under this or any subsequent policy of Credit Insurance.

1 – Coverage

This Policy shall only cover losses sustained against debtors specifically approved for coverage under this Policy.

Every prepayment made by **you** for freight on any shipment covered by this Policy, and for which the debtor is legally liable, shall be treated as part of the invoice price payable by the debtor to **you** for the merchandise. Such prepayments shall accordingly be included in the calculation of your gross sales and **gross losses**.

When you make sales, shipments and deliveries to a debtor whose account is secured by a valid and legally binding guaranty, the coverage under this Policy applicable to the guarantor at the date of shipment, if higher than the coverage applicable to the debtor, shall, at **your** option, be used as the basis of coverage on such account under this Policy. If losses shall occur on accounts against different debtors secured by the same guaranty or a loss shall be on accounts secured by guaranty as aforesaid and also on sales, shipments and deliveries made directly to the guarantor, then all the losses shall not in the aggregate be

covered for a larger amount than would have been covered if all the sales, shipments and deliveries had been made directly to the guarantor.

Cancellation:

- a) Upon **your** written request, **we** will cancel the coverage applicable to any debtor specified, provided no Notification of Claim against such debtor shall have been placed by **you** with **us** for recovery. In that event, no Notification of Claim filed thereafter against any such debtor shall be covered hereby.
- b) **We** have the right to cancel the coverage applicable to any debtor specified, by giving **you** written notice. Such notice will be given by **us** to **you** in accordance with the Notice Provision of Condition 10 of this Policy. Our liability shall only extend to losses arising from shipments made prior to the date of such cancellation.

Upon being released from further liability in respect to any such debtor or debtors as outlined in (a) and (b), **we** shall refund premium paid for the unexpired term on a pro-rata basis.

2 – Past Due Accounts

When **you** file with **us** for recovery and during the Policy Term an account against a debtor not **Insolvent**, at the time the account was filed, then so much of such account as was due and payable at the date of filing, but no more than three (3) months past due under the original terms of sale, shall be

treated under this Policy as though the debtor was insolvent. Every such account so filed shall include all indebtedness then due and payable, and shall be accompanied with a Notification of Claim as described in Condition 3. The date of filing of the account shall be the date postmarked or the date otherwise delivered to us.

3 – Notification and Filing of Claims

You will, within twenty (20) days after acquiring knowledge of a debtor's **Insolvency** and within the Policy Term, file Notification of Claim with **us**, on a form furnished by **us**, and place the entire account with **us** for attention and recovery. If knowledge of a debtor's **Insolvency** is received too late to file a claim with **us** during the Policy Term, then such claim may be filed within twenty (20) days after the Policy Term.

Every Notification of Claim filed hereunder or under Condition 2 shall be accompanied by: (a) an itemized statement of account in triplicate, showing fully the dates of shipment, terms of sale, and the condition of the account; (b) all notes or other papers evidencing same; and (c) any guarantees, securities, or other documents relating thereto.

You will, upon request, promptly furnish all proofs, or any other information necessary, for the proper handling of any account in any proceeding.

All Notifications of Claim must be received by **us** within the time above specified in the office shown in the Policy Declaration. The date of receipt of Notification of Claim shall be the date postmarked or otherwise delivered to **us**.

The receipt, retention or handling by **us** of any claim filed by **you** under this Policy shall not constitute a waiver of any of the terms or conditions of this Policy, nor an acceptance of such claim as covered by this or of any other Policy.

4 – Recovery of Claims

We assume responsibility for all money collected by **our** Agents and Correspondents and will promptly remit all amounts due **you** as recoveries are effected.

In the handling of a claim filed under this Policy, **we** shall have authority to: (a) endorse notes, checks or drafts on **your** behalf in **your** name; and (b) deposit said notes, checks or drafts, or the proceeds of recovery

thereof, in **our** account or to **our** credit in any of **our** depository banks. Further, **you** agree to cooperate with us to effect recoveries.

The remittance to **you** of amounts recovered on claims filed, and acceptance thereof by **you**, shall not be construed as a determination of coverage, or as a waiver either by **us** or **you** of any of the terms or conditions of this Policy.

5 – Final Statement of Claim

If any claim for loss be made under this Policy, **you** will complete a Final Statement of Claim form after the Policy Term. Blank forms will be furnished by **us** upon request. The

completed form must be received by **us** at **our** Administrative Office within two (2) months after the Policy Term.

6 – Claim Settlement

The settlement shall be made within three (3) months after the receipt by **us** of the Final Statement of Claim. The amount then ascertained to be due **you** will be paid. To ascertain the amount due **you** in any settlement under this Policy, there will be deducted from each **gross loss** covered, filed and proved hereunder:

- a) All amounts recovered from the debtor or obtained from any other source;
- b) The invoiced price of goods returned, reclaimed, or replevined, when such goods are in **your** undisputed possession;
- c) Any discount to which the debtor would be entitled at the time of settlement; and
- d) Any legally sustainable set-off that the debtor may have against **you**.

If the entire indebtedness of a debtor to **you** at the date of **Insolvency** is in excess of the gross amount covered by this Policy, then the above deductions shall be made pro rata, in the ratio which the gross amount covered bears to the whole of such indebtedness. Having made the foregoing deductions, the remainder shall be the net loss. From the aggregate amount of the net losses, there shall be deducted 10% thereof as Co-Insurance; then from the balance, the Primary Loss. The remainder, not exceeding the Policy Amount, less any amount owing to **us**, shall be the amount due **you**.

If any covered claim of **yours** against a debtor are disputed, in whole or in part, the same shall not be allowed in any settlement under this Policy. When such disputed claim

shall have been finally determined to be a valid and legally sustainable indebtedness against the debtor or the debtor's estate in the debtor's jurisdiction, such claim, so far as covered, shall be settled and the amount due **you** will be paid.

You will: (a) upon demand assign to **us**, in a form acceptable to **us**, all claims allowed in settlement together with all securities and guarantees relating thereto; (b) warrant the legal validity of the indebtedness for the amount of such claims; and (c) upon demand reimburse **us** for any amount paid by **us** to **you** on any indebtedness which shall have not been allowed against the debtor or the debtor's estate, together with the expense of any action thereon. Any claim assigned to **us** which shall not have been covered in full by this Policy shall be handled by **us** for the joint benefit of **you** and **us**.

You expressly acknowledge that, although **you** retain part of the risk in accordance with the provisions of the policy, the foregoing provisions entitle **us** to exercise on **your** behalf all **your** rights in full. In addition, **you** shall, in respect of this part of the risk, support and accept all the consequences of any decisions that **we** might take.

When **we** think it will not be expedient to exercise **ourselves** the rights against the buyer in default, **you** shall take, in agreement with **our** company or possibly according to **our** instructions, any practicable measures in order to safeguard **your** rights and obtain payment of the account.

7 – Disposal of Assigned Claims

On claims assigned to **us** in settlement, any recoveries received shall be applied first to **reimbursable recovery expenses** and then shall be shared by **you** and **us** on a pro rata basis as set forth in Condition 6 of this Policy. On each claim assigned, **you** will forward to **us** each payment received and will remit **our** pro rata share of any credit allowed.

Any payment applied to interest by the debtor or its estate and any amounts realized as

interest or dividends on securities assigned or acquired by **us** shall be allotted to **us** and **you** on a pro-rata basis as set forth in Condition 6. If the amounts realized or retained by **us**, exclusive of such payments of interest or dividends, on the claims assigned to **us** in settlement shall in the aggregate exceed the total amount paid to **you** under this Policy, **we** shall reassign such claims and refund such excess to **you**.

8 – Collateral Benefits

This Policy is not assignable. However, **we** will provide upon written request from **you**, that any amount due **you** ascertained to be payable as provided in Condition 6 shall be

payable to a Bank, Trust Company or other payee designated by **you** and for **your** account.

9 - Termination

If, during the Policy Term, **you** (a) become **insolvent**; (b) cease to continue the business described in this Policy, as heretofore carried on; (c) go into liquidation; (d) seek a general extension from **your** creditors; or (e) being a partnership, be dissolved; this Policy shall terminate as to coverage on shipments made

thereafter. Temporary interruption by fire or by strike, or the death, withdrawal or admission of a member of a partnership composed of more than two (2) members, shall not so terminate this Policy.

10 – General Provisions

Premiums -

The premium for this policy shall be paid by check to **our** order and shall accompany the application. **We** may, at our option, accept premium notes or premium agreements. If premium notes or premium agreements so accepted be paid at or before maturity, the premium for this Policy shall be construed as having been paid as of the date of such note or agreement. If any note or agreement be in default, **we** shall have the option, to be exercised within sixty (60) days after default, to cancel this Policy from its inception with full refund of any portion of the premium paid. Such cancellation shall be by written notice to **you** in accordance with the Notice Provision in this Condition of Policy. Should **we** not exercise **our** privilege of cancellation as herein provided, the Policy shall remain in effect, but no loss shall be covered which may have occurred prior to the payment of any premium note or agreement in default.

Representations & Warranties -

The representations and warranties made in the application for this Policy of Credit Insurance are the basis for this Policy and a part thereof. False warranty, misrepresentation, concealment or fraud in obtaining this Policy, or in any Notification of Claim or Statement of Claim filed under this Policy, or in the proof of settlement of any claim for loss under this Policy, shall void this Policy from its beginning and the premium paid shall be forfeited to **us**. If, by the law of the State named in the Policy Declaration as **your** address, warranties are prohibited, then in conformity therewith, whenever the words "warrant", "warranty" or "warranties" appear in this Policy and any other rider attached thereto are changed to "represent", "representation" or "representations".

Examination of Records -

You will permit **us** at a reasonable time to examine and take extracts from **your** books, securities, and papers bearing on any matter

involved in: (a) any Notification of Claim or Settlement of Claim filed under this Policy; (b) any settlement under this Policy; (c) any representation or warranty made in the application for this Policy; or (d) any claim made either by **you** or by **us** under this Policy. In that connection **you** will give such assistance and information as **we** shall require, but no such examination, investigation or proceeding shall be an admission of liability or waiver of any terms or conditions of this Policy.

The rendering of any estimate or statement or the making of any settlement shall not bar: (a) the examination herein provided for; (b) **our** right to unpaid charges; (c) a refund of any amount overpaid **you** in any settlement by **us**; or (d) **your** right to a refund of any amount overpaid.

Waiver of Policy Terms -

No agent shall be authorized to make any alteration in, or addition to, this Policy, nor to waive any of its terms or conditions. No addition to, alteration in, or waiver of any of the terms or conditions of this Policy shall be valid unless expressed in writing over the signature or facsimile signature of **our** Chairman. Notice to, or knowledge of, any agent or any person shall not be held to effect a waiver or change in any part hereof.

Suit Against Us -

No suit or action on this Policy shall be brought or be sustainable until after the full compliance by **you** with its terms and conditions, nor unless commenced within twelve (12) months after its termination. If the said limitation of time for the commencement of suit is prohibited by any specific statutory provision in relation thereto in force in the state named in the Policy Declaration as **your** address, the said limitation is hereby amended to agree with the minimum period of limitation permitted by said statutory provision.

Conformance to Statute -

Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state named in the Policy Declaration as **your** address is hereby amended to conform to the minimum requirements of such statutes.

Conditions Precedent Recovery –

All terms and conditions of this Policy shall be conditions precedent to any claim by **you**.

Notice Provision -

Any notice provided for or permitted in this Policy shall be in writing, personally delivered to an officer or other responsible employee of the addressee, or sent by telex, telecopy or

other like means of electronic transmission of written messages to the applicable address set forth in the Policy Declaration or to such other address as any party hereto may from time to time designate to the other.

Any notice personally delivered shall be deemed to have been validly and effectively given on the date of such delivery. Any notice sent by telex, telecopy or other like means of electronic transmission of written messages shall be deemed to have been validly and effectively given on the business day next following the day on which it was sent.

11 – Policy Acceptance

This Policy and the Policy Declaration as issued by **us**, upon acceptance by **you**, shall be considered to have been issued on terms mutually agreed upon.

In witness whereof, **we** have executed and attested these presents; but this Policy shall not be binding upon **us** unless both it and the Policy Declaration are authenticated by the signature of an Officer or Assistance Officer.

President

Secretary

COFACE NORTH AMERICA INSURANCE COMPANY

Policy of Export Credit Insurance

Policy Number EA-

All correspondence relating to any condition of this Policy, or to the proof or settlement of any claim for loss thereunder, must be addressed to the Company at its Administrative Office as designated in the declaration page of the Policy.

POLICY OF CREDIT INSURANCE

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Definitions

Certain words and phrases have special meanings when used in this Policy. They are defined below:

We, our, and us mean Coface North America Insurance Company.

You, your, and yours mean the individual, firm, co-partnership or corporation named Insured in this Policy.

Gross loss means the lesser of:

- a) the total amount owing to **you** by a debtor at the date of Insolvency; and
- b) the gross amount of coverage set opposite the debtor's name.

Insolvency, insolvent mean when any of the following shall have occurred:

- a) The debtor has been declared bankrupt or its liquidation has been ordered by a court of the judiciary;
- b) Collective proceedings aimed at avoiding bankruptcy or judicial liquidation have been instituted in a court of the judiciary following which payments are ceased or suspended;
- c) The debtor shall have made in writing a general offer of amicable agreement or compromise to all his ordinary creditors for the settlement of his indebtedness with abatement thereof and this offer

shall have been unanimously accepted;

- d) Possession shall have been taken of all the debtor's assets under a chattel mortgage given thereon or a bona fide transfer thereof by the debtor for the benefit of his creditors;
- e) All of the debtor's assets shall have been sold under writ of execution or such writ shall have been returned unsatisfied in the absence of any assets in the debtor's country.

Primary Loss means the following:

The **Primary Loss** is established by multiplying the Primary Loss Percentage as set out in the Declaration Page of this Policy by the total Gross Sales made during the Policy Term. The **Primary Loss** shall be the greater of the **Primary Loss** as calculated above or the minimum **Primary Loss** as set out in the Policy Declaration.

Reimbursable recovery expenses means:

- a) extraordinary expenses incurred by **you** to effect recovery after a Notification of Claim is filed in accordance with Condition 2 or 3 of this policy, provided **we** give prior written approval to incur the expense; and
- b) any expense incurred by **us** to prevent or minimize loss or effect recovery.

Agreement

We will provide the insurance described in this Policy in consideration of the representations and warranties made in the application for this Policy of Credit Insurance and of the payment of the premium, and subject to the Conditions set forth on the within pages and the provisions of the Policy Declaration, all of which are made a part of the Policy. The insurance provided protects **you** against loss due to **Insolvency** of debtors, which **Insolvency** shall have

occurred within the Policy Term. Such loss shall consist of the unpaid purchase price of **your** bona fide sales of the Products Covered in the Policy Declaration shipped during the Sales Period and delivered in the usual course of business to individuals, firms, co-partnerships or corporations, in (see endorsement) and shall have been covered, filed and proven as hereinafter provided.

It is understood that any premium due **us**, all invoices billed to **you** by **us**, all coverage, and

any excess loss payable to **you** under this Policy shall be in United States currency.

All invoicing by **you** must be billed and payable in an approved currency specified in the Policy Declaration. In the event of a claim, if the invoice is in a currency other than

United States currency, the entire indebtedness of a debtor will be converted to United States currency from the foreign currency at the exchange rate published in the *Wall Street Journal* on the date of shipment.

Exclusions

This Policy shall not cover any loss:

- a) occurring prior to the payment of the Premium, although the Policy may have been delivered;
- b) arising from a breach by **you** or the buyer or anyone acting on behalf of either to comply with any law or regulation applicable in **your** country or abroad;
- c) that is not a valid or legally sustainable indebtedness or has not been scheduled by and allowed against the debtor or the debtor's estate;
- d) if loss results from any account sold under any "style name" not mentioned in this Policy;
- e) resulting from loss due to enemy attack by armed forces, to civil war, declared or de facto, to occupation whether total or partial by a foreign power, to riot, mutiny, revolution or any enemy attack by a foreign government or sovereign power or any action taken by a country or its allies in resisting such attack; from a war, including civil war, hostilities, rebellion, insurrection, revolution, riot or civil commotion;
- f) If Notification of Claim has not been filed as referred to in Condition (3);
- g) If **you** made any agreement with respect to the account of a debtor which would, at the date of filing with **us** or subsequent thereto, prevent or delay any action thereon, or which would interfere with the exercise of **our** judgment upon any proposal by the debtor to its creditors, without first having received **our** consent thereto in writing;
- h) from natural disasters such as cyclone, flood, earthquake, volcanic eruption, tidal wave, etc.;
- i) from a nuclear explosion or contamination;
- j) from any measure or decision taken by the authorities of a state;
- k) from a moratorium decreed by the authorities of the buyer's country or by the authorities of a third country through which payment must be effected;
- l) from political events or economic difficulties or legislative or administrative measures which prevent or delay the transfer of payment by the buyer or the guarantor;
- m) If **you** withdraw, for any reason, the Notification of Claim form submitted under Condition 2 or 3 of this policy. It is also agreed that a withdrawn claim cannot be covered under this or any subsequent policy of Credit Insurance.

1 – Coverage

This Policy shall only cover losses sustained against debtors specifically approved for coverage under this Policy.

Every prepayment made by **you** for freight on any shipment covered by this Policy, and for which the debtor is legally liable, shall be treated as part of the invoice price payable by the debtor to **you** for the merchandise. Such prepayments shall accordingly be included in the calculation of your gross sales and **gross losses**.

When you make sales, shipments and deliveries to a debtor whose account is secured by a valid and legally binding guaranty, the coverage under this Policy applicable to the guarantor at the date of shipment, if higher than the coverage applicable to the debtor, shall, at **your** option, be used as the basis of coverage on such account under this Policy. If losses shall occur on accounts against different debtors secured by the same guaranty or a loss shall be on accounts secured by guaranty as aforesaid and also on sales, shipments and deliveries made directly to the guarantor, then all the losses shall not in the aggregate be covered for a larger amount than would have been covered if all the sales, shipments and deliveries had been made directly to the guarantor.

Coverage afforded by this Policy is not cumulative. Therefore, if the indebtedness of

a debtor to **you** at the date of **Insolvency** includes shipments made under a preceding policy as set forward in the Policy Declaration, the specified limit of coverage in this policy applicable to the indebtedness of such debtor shall be reduced by the gross amount of such indebtedness covered and allowable in settlement under said Preceding Policy.

Cancellation:

- a) Upon **your** written request, **we** will cancel the coverage applicable to any debtor specified, provided no Notification of Claim against such debtor shall have been placed by **you** with **us** for recovery. In that event, no Notification of Claim filed thereafter against any such debtor shall be covered hereby.
- b) **We** have the right to cancel the coverage applicable to any debtor specified, by giving **you** written notice. Such notice will be given by **us** to **you** in accordance with the Notice Provision of Condition 10 of this Policy. Our liability shall only extend to losses arising from shipments made prior to the date of such cancellation.

Upon being released from further liability in respect to any such debtor or debtors as outlined in (a) and (b), **we** shall refund premium paid for the unexpired term on a pro-rata basis.

2 – Past Due Accounts

When **you** file with **us** for recovery and during the Policy Term an account against a debtor not **Insolvent**, at the time the account was filed, then so much of such account as was due and payable at the date of filing, but no more than three (3) months past due under the original terms of sale, shall be

treated under this Policy as though the debtor was insolvent. Every such account so filed shall include all indebtedness then due and payable, and shall be accompanied with a Notification of Claim as described in Condition 3. The date of filing of the account shall be the date postmarked or the date otherwise delivered to us.

3 – Notification and Filing of Claims

You will, within twenty (20) days after acquiring knowledge of a debtor's **Insolvency** and within the Policy Term, file Notification of Claim with **us**, on a form furnished by **us**, and place the entire account with **us** for attention and recovery. If knowledge of a debtor's **Insolvency** is received too late to file a claim with **us** during the Policy Term, then such claim may be filed within twenty (20) days after the Policy Term.

Every Notification of Claim filed hereunder or under Condition 2 shall be accompanied by: (a) an itemized statement of account in triplicate, showing fully the dates of shipment, terms of sale, and the condition of the account; (b) all notes or other papers evidencing same; and (c) any guarantees, securities, or other documents relating thereto.

You will, upon request, promptly furnish all proofs, or any other information necessary, for the proper handling of any account in any proceeding.

All Notifications of Claim must be received by **us** within the time above specified in the office shown in the Policy Declaration. The date of receipt of Notification of Claim shall be the date postmarked or otherwise delivered to **us**.

The receipt, retention or handling by **us** of any claim filed by **you** under this Policy shall not constitute a waiver of any of the terms or conditions of this Policy, nor an acceptance of such claim as covered by this or of any other Policy.

4 – Recovery of Claims

We assume responsibility for all money collected by **our** Agents and Correspondents and will promptly remit all amounts due **you** as recoveries are effected.

In the handling of a claim filed under this Policy, **we** shall have authority to: (a) endorse notes, checks or drafts on **your** behalf in **your** name; and (b) deposit said notes, checks or drafts, or the proceeds of recovery

thereof, in **our** account or to **our** credit in any of **our** depository banks. Further, **you** agree to cooperate with us to effect recoveries.

The remittance to **you** of amounts recovered on claims filed, and acceptance thereof by **you**, shall not be construed as a determination of coverage, or as a waiver either by **us** or **you** of any of the terms or conditions of this Policy.

5 – Final Statement of Claim

If any claim for loss be made under this Policy, **you** will complete a Final Statement of Claim form after the Policy Term. Blank forms will be furnished by **us** upon request. The

completed form must be received by **us** at **our** Administrative Office within two (2) months after the Policy Term.

6 – Claim Settlement

The settlement shall be made within three (3) months after the receipt by **us** of the Final Statement of Claim. The amount then ascertained to be due **you** will be paid. To ascertain the amount due **you** in any settlement under this Policy, there will be deducted from each **gross loss** covered, filed and proved hereunder:

- a) All amounts recovered from the debtor or obtained from any other source;
- b) The invoiced price of goods returned, reclaimed, or replevined, when such goods are in **your** undisputed possession;
- c) Any discount to which the debtor would be entitled at the time of settlement; and
- d) Any legally sustainable set-off that the debtor may have against **you**.

If the entire indebtedness of a debtor to **you** at the date of **Insolvency** is in excess of the gross amount covered by this Policy, then the above deductions shall be made pro rata, in the ratio which the gross amount covered bears to the whole of such indebtedness. Having made the foregoing deductions, the remainder shall be the net loss. From the aggregate amount of the net losses, there shall be deducted 10% thereof as Co-Insurance; then from the balance, the Primary Loss. The remainder, not exceeding the Policy Amount, less any amount owing to **us**, shall be the amount due **you**.

If any covered claim of **yours** against a debtor are disputed, in whole or in part, the same shall not be allowed in any settlement under this Policy. When such disputed claim

shall have been finally determined to be a valid and legally sustainable indebtedness against the debtor or the debtor's estate in the debtor's jurisdiction, such claim, so far as covered, shall be settled and the amount due **you** will be paid.

You will: (a) upon demand assign to **us**, in a form acceptable to **us**, all claims allowed in settlement together with all securities and guarantees relating thereto; (b) warrant the legal validity of the indebtedness for the amount of such claims; and (c) upon demand reimburse **us** for any amount paid by **us** to **you** on any indebtedness which shall have not been allowed against the debtor or the debtor's estate, together with the expense of any action thereon. Any claim assigned to **us** which shall not have been covered in full by this Policy shall be handled by **us** for the joint benefit of **you** and **us**.

You expressly acknowledge that, although **you** retain part of the risk in accordance with the provisions of the policy, the foregoing provisions entitle **us** to exercise on **your** behalf all **your** rights in full. In addition, **you** shall, in respect of this part of the risk, support and accept all the consequences of any decisions that **we** might take.

When **we** think it will not be expedient to exercise **ourselves** the rights against the buyer in default, **you** shall take, in agreement with **our** company or possibly according to **our** instructions, any practicable measures in order to safeguard **your** rights and obtain payment of the account.

7 – Disposal of Assigned Claims

On claims assigned to **us** in settlement, any recoveries received shall be applied first to **reimbursable recovery expenses** and then shall be shared by **you** and **us** on a pro rata basis as set forth in Condition 6 of this Policy. On each claim assigned, **you** will forward to **us** each payment received and will remit **our** pro rata share of any credit allowed.

Any payment applied to interest by the debtor or its estate and any amounts realized as

interest or dividends on securities assigned or acquired by **us** shall be allotted to **us** and **you** on a pro-rata basis as set forth in Condition 6. If the amounts realized or retained by **us**, exclusive of such payments of interest or dividends, on the claims assigned to **us** in settlement shall in the aggregate exceed the total amount paid to **you** under this Policy, **we** shall reassign such claims and refund such excess to **you**.

8 – Collateral Benefits

This Policy is not assignable. However, **we** will provide upon written request from **you**, that any amount due **you** ascertained to be payable as provided in Condition 6 shall be

payable to a Bank, Trust Company or other payee designated by **you** and for **your** account.

9 - Termination

If, during the Policy Term, **you** (a) become **insolvent**; (b) cease to continue the business described in this Policy, as heretofore carried on; (c) go into liquidation; (d) seek a general extension from **your** creditors; or (e) being a partnership, be dissolved; this Policy shall terminate as to coverage on shipments made

thereafter. Temporary interruption by fire or by strike, or the death, withdrawal or admission of a member of a partnership composed of more than two (2) members, shall not so terminate this Policy.

10 – General Provisions

Premiums -

The premium for this policy shall be paid by check to **our** order and shall accompany the application. **We** may, at our option, accept premium notes or premium agreements. If premium notes or premium agreements so accepted be paid at or before maturity, the premium for this Policy shall be construed as having been paid as of the date of such note or agreement. If any note or agreement be in default, **we** shall have the option, to be exercised within sixty (60) days after default, to cancel this Policy from its inception with full refund of any portion of the premium paid. Such cancellation shall be by written notice to **you** in accordance with the Notice Provision in this Condition of Policy. Should **we** not exercise **our** privilege of cancellation as herein provided, the Policy shall remain in effect, but no loss shall be covered which may have occurred prior to the payment of any premium note or agreement in default.

Representations & Warranties -

The representations and warranties made in the application for this Policy of Credit Insurance are the basis for this Policy and a part thereof. False warranty, misrepresentation, concealment or fraud in obtaining this Policy, or in any Notification of Claim or Statement of Claim filed under this Policy, or in the proof of settlement of any claim for loss under this Policy, shall void this Policy from its beginning and the premium paid shall be forfeited to **us**. If, by the law of the State named in the Policy Declaration as **your** address, warranties are prohibited, then in conformity therewith, whenever the words "warrant", "warranty" or "warranties" appear in this Policy and any other rider attached thereto are changed to "represent", "representation" or "representations".

Examination of Records -

You will permit **us** at a reasonable time to examine and take extracts from **your** books, securities, and papers bearing on any matter

involved in: (a) any Notification of Claim or Settlement of Claim filed under this Policy; (b) any settlement under this Policy; (c) any representation or warranty made in the application for this Policy; or (d) any claim made either by **you** or by **us** under this Policy. In that connection **you** will give such assistance and information as **we** shall require, but no such examination, investigation or proceeding shall be an admission of liability or waiver of any terms or conditions of this Policy.

The rendering of any estimate or statement or the making of any settlement shall not bar: (a) the examination herein provided for; (b) **our** right to unpaid charges; (c) a refund of any amount overpaid **you** in any settlement by **us**; or (d) **your** right to a refund of any amount overpaid.

Waiver of Policy Terms -

No agent shall be authorized to make any alteration in, or addition to, this Policy, nor to waive any of its terms or conditions. No addition to, alteration in, or waiver of any of the terms or conditions of this Policy shall be valid unless expressed in writing over the signature or facsimile signature of **our** Chairman. Notice to, or knowledge of, any agent or any person shall not be held to effect a waiver or change in any part hereof.

Suit Against Us -

No suit or action on this Policy shall be brought or be sustainable until after the full compliance by **you** with its terms and conditions, nor unless commenced within twelve (12) months after its termination. If the said limitation of time for the commencement of suit is prohibited by any specific statutory provision in relation thereto in force in the state named in the Policy Declaration as **your** address, the said limitation is hereby amended to agree with the minimum period of limitation permitted by said statutory provision.

Conformance to Statute -

Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state named in the Policy Declaration as **your** address is hereby amended to conform to the minimum requirements of such statutes.

Conditions Precedent Recovery –

All terms and conditions of this Policy shall be conditions precedent to any claim by **you**.

Notice Provision -

Any notice provided for or permitted in this Policy shall be in writing, personally delivered to an officer or other responsible employee of the addressee, or sent by telex, telecopy or

other like means of electronic transmission of written messages to the applicable address set forth in the Policy Declaration or to such other address as any party hereto may from time to time designate to the other.

Any notice personally delivered shall be deemed to have been validly and effectively given on the date of such delivery. Any notice sent by telex, telecopy or other like means of electronic transmission of written messages shall be deemed to have been validly and effectively given on the business day next following the day on which it was sent.

11 – Policy Acceptance

This Policy and the Policy Declaration as issued by **us**, upon acceptance by **you**, shall be considered to have been issued on terms mutually agreed upon.

In witness whereof, **we** have executed and attested these presents; but this Policy shall not be binding upon **us** unless both it and the Policy Declaration are authenticated by the signature of an Officer or Assistance Officer.

President

Secretary

COFACE NORTH AMERICA INSURANCE COMPANY

Credit Insurance – New Business Application

With **COFACE NORTH AMERICA INSURANCE COMPANY**, hereinafter called the Company

We hereby make application to the Company for a Policy of Credit Insurance in the amount of \$ _____ said policy, if issued, to be on the _____ form, the terms and conditions whereof are agreed to by us.

We herewith tender our check for \$ _____ to the order of said Company as a premium payment, and we agree:

- (A) That the policy term shall be for the period of one year beginning _____, 20____ and ending _____, 20__;
- (B) That the primary loss shall be calculated on sales made during said year, but not less than \$ _____, at the rate of _____ percent; the minimum primary loss to be not less than \$ _____;
- (C) That no loss shall be covered by said policy that arises from an account sold on terms longer than _____ days, including dating;
- (D) That the rating of _____ mercantile agency shall govern coverage on shipments on said policy.

We are now, and have been, subscribers to said mercantile agency for past _____ years, subscription No. _____

Our answers to the following questions are true.

1. What is your line of business? _____
 2. How long in it? _____ years
 3. Have you kept books on account throughout that period? Yes No
 4. Are you Jobbers or Manufacturers?
 5. What line of merchandise constitutes the largest volume of business? _____
 6. To what line of trade is the greater part of your sales made? _____
 7. To what territory do you make your principal shipments? _____
 8. What are your regular terms of sale? _____ percent _____ days, net _____ days
 9. What are your longest terms of sale, including dating? _____
 10. About what percentage of sales to Manufacturers? _____ Jobbers? _____ Retailers? _____
 11. Have you any information detrimental to the credit or responsibility of any individual, firm, co-partnership or corporation to which you have made or contemplate making any sale or shipment, to said policy, if issued, will apply?
 Yes No If answer is Yes, state particulars _____
-
12. Have you within the past year made, or do you contemplate making, any change in your terms of sale, in the articles or commodities dealt in, in the territory mentioned above, in the proportion of sales to manufacturers, jobbers, or retailers, or in the manner of conducting your business. Yes No
 If answer is Yes, state particulars _____
 13. Have you any agreement to ship, or have you shipped, any merchandise at a price higher than its present current market price, to which shipment said policy, if issued, will apply? Yes No If yes, state particulars _____
 14. How many accounts did you place with attorneys or collection agencies for collection during the past year? _____

COFACE NORTH AMERICA INSURANCE COMPANY

Credit Insurance – New Business Application

15. What was the average amount of such accounts? _____
16. Have you ever carried credit insurance? Yes No If so, state with what company, and when the latest policy expired or expires? _____

17. How many active customer accounts are dealt with? _____
 What is the amount of your present outstandings? \$ _____
 How much of same now past due under original terms of sale? \$ _____

As a basis for the policy hereby applied for, and for any Policy of Credit Insurance which may hereafter be issued to us, We warrant the following statement of our sales, losses and amounts owing by debtors under or seeking general extension to be correct, and represent the combined experience of our company and that of all entities to be insured by the policy.

Term – During the year ending	Gross sales in the United States, Territories thereof and Canada less allowances & returns	All losses due to insolvency of debtors (after deducting only cash & merchandise recovered from such debtors)
_____ 20 _____	\$ _____	\$ _____
_____ 20 _____	\$ _____	\$ _____
_____ 20 _____	\$ _____	\$ _____
During the fractional year to date _____	\$ _____	\$ _____
Amount owing at date of application, by debtors under or seeking general extension \$ _____		

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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

COFACE NORTH AMERICA INSURANCE COMPANY

Credit Insurance – New Business Application

CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 DENIAL OF INSURANCE BENEFITS.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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, 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURY, 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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,

COFACE NORTH AMERICA INSURANCE COMPANY

Credit Insurance – New Business Application

INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: 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.

This application and said policy, if issued, shall, with the terms and conditions therein, constitute the entire agreement between the undersigned and the Company any verbal or written statement, promise or agreement, by any agent of the said Company, or notice to or knowledge of such agent or any other person, to the contrary notwithstanding. It is also agreed that this application, whether as respects anything contained therein or omitted therefrom has been made, prepared and written by the applicant or by his own proper agent.

If corporation, so state; if firm or co-partnership, give names of the members; if "style name" used, so state.

Dated at: _____
this _____ day of _____ 20 _____

Signature of Applicant _____

By _____

Address _____

Coface North America Insurance Company

Credit Insurance – Renewal Application

To Coface North America Insurance Company hereinafter called the Company.

We hereby apply for a new Credit Insurance Policy to be written upon form of Contract No. _____ the terms and conditions of which are agreed to by us. We enclose herewith our check for \$ _____ to the order of the Company in _____ payment of _____ premium therefor, but the check shall be returned to us if Policy is not issued. The period of insurance shall be from the _____ day of _____, 20____ to the _____ day of _____, 20____, both days inclusive, and the Policy shall be written upon the following terms: _____

We reaffirm the warranties and representations made in our application for any prior Policy and adopt them as a basis for the new Policy. We have made no material changes in our line of business, terms of sale or territory covered by us except as follows:

We warrant the truth of the following declarations:

Conditions of Outstandings is as follows: (Not including claims already reported to the Company.)

- | | |
|--|-----------------------|
| 1. Our accounts receivable amount to \$ _____ of which | \$ _____ is past due |
| | \$ _____ is past due |
| 2. Our notes receivable amount to \$ _____ of which | \$ _____ are renewals |
| 3. Amount of accounts and notes receivable under general extension | \$ _____ |
| 4. Amount of accounts and notes receivable seeking general extension | \$ _____ |
| 5. Amount of accounts and notes receivable in hands of attorneys | \$ _____ |
| 6. We have not any debtors who we have reason to believe are now in a failing condition, except who are owing us | \$ _____ |
| 7. Notification of Claims has been furnished the Company on all losses now known to us, except _____ | |
| 8. Date last Notification sent to the Company _____ | |
| 9. Our gross sales, less items specifically excluded, under expiring Policy are | \$ _____ |

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS APPLICANTS: 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.

Coface North America Insurance Company

Credit Insurance – Renewal Application

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 POLICYHOLDER 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 DENIAL OF INSURANCE BENEFITS.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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, 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURY, 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.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM

Coface North America Insurance Company

Credit Insurance – Renewal Application

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.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: 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.

Date _____

Signed _____

By _____

Address _____

COFACE NORTH AMERICA INSURANCE COMPANY

Export Credit Insurance Application

We hereby make application to the Coface North America Insurance Company (hereinafter "Company") for a Policy of Credit Insurance in the amount of \$ _____. Said policy, if issued, to be on the _____ form, the terms and conditions whereof are agreed by us.

We herewith tender our application fee of \$ _____. Such fee is refundable if no policy is issued.

- (A) That the policy term shall be for the period of one year, beginning _____, 19 _____ and ending _____, 20 _____
- (B) That the primary loss shall be calculated on sales made during said year, but not less than \$ _____ at the rate of _____ percent; the said minimum primary loss to be not less than \$ _____
- (C) That no loss shall be covered by said policy that arises from any account sold on terms longer than _____ days including dating.

Our answers to the following questions are true and pertain to sales to companies located outside the United States, territories thereof and Canada.

- 1) What is your line of business? _____
- 2) How long in it? _____
- 3) Have you kept books on account throughout that period? _____
- 4) Are you Jobbers or Manufacturers _____
- 5) What line of merchandise constitutes the largest volume of business? _____
- 6) To what line of trade is the greater part of your sales made? _____
- 7) To what territory do you make your principal shipments? _____
- 8) What are your terms of sale? Open account _____% Letter of Credit _____% Other _____%
- 9) For open account sales, what are your regular terms of sale? _____ percent _____ days, net _____ days
- 10) What are you longest terms of sale, including dating? _____
- 11) About what percentage of sales to Manufacturers? _____, Jobbers? _____, Retailers? _____
- 12) Have you any information detrimental to the credit or responsibility of any individual, firm, co-partnership or corporation to which you have made or contemplate making any sale or shipment, to said policy, if issued, will apply? Yes No If yes, state particulars _____
- 13) Have you within the past year, or do you contemplate making any change in your terms of sale, in the articles or commodities dealt in, in the territory mentioned above, in the proportion of sales to manufacturers, jobbers or retailers, or in the manner of conducting your business? Yes No
If answer is Yes, state particulars _____
- 14) Have you any agreement to ship, or have you shipped, any merchandise at a price higher than its current market price to which shipments said policy, if issued, will apply? Yes No
If answer is yes, state particulars _____
- 15) How many accounts did you place with attorneys or collection agencies for collection during the past year? _____
- 16) What was the average amount of such accounts? _____
- 17) Have you ever carried credit insurance? Yes No If so, state with what company, and when the latest policy expired or expires _____

18) How many active customer accounts are dealt with? _____ What is the amount of your present outstandings? _____ How much of same now past due under original terms of sale? _____
 As a basis for the policy hereby applied for, and for any Policy of Credit Insurance which may hereafter be issued to us, We warrant the following statement of our sales, losses, and amounts owing by debtors under or seeking general extension to be correct, and represent the combined experience of our company and that of all entities to be insured under this Policy

Maximum amount outstanding at any one time by buyer on export sales for the last twelve months:

Maximum Outstanding by Buyer	Number of buyers in range
\$0-25,000	
\$25,001-50,000	
\$50,001-75,000	
\$75,001-100,000	
\$100,001-300,000	
\$300,001-500,000	
\$500,001-1,000,000	
Over \$1,000,000	

Term - During the year ending:	Gross export sales outside the United States, Territories thereof and Canada less allowances and returns	Gross export sales sold on open account outside the United States, Territories thereof and Canada less allowances and returns	All losses due to insolvency of foreign debtors (after deducting only cash & merchandise recovered from such Debtors):
20	\$ _____	\$ _____	\$ _____
20	\$ _____	\$ _____	\$ _____
20	\$ _____	\$ _____	\$ _____
During the fractional year to date 20	\$ _____	\$ _____	\$ _____

Amount owing at date of application, by debtors under or seeking general Extensions	\$ _____
---	----------

This application and said policy, if issued, shall, with the terms and conditions therein, constitute the entire agreement between the undersigned and the Company; any verbal or written statement, promise or agreement, by any agent of the said Company, or notice to or knowledge of such agent or any other person, to the contrary notwithstanding. It is also agreed that this application, whether as respects anything contained therein or omitted therefrom has been made, prepared, and written by the applicant or by his own proper agent.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 POLICYHOLDER 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 DENIAL OF INSURANCE BENEFITS.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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, 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURY, 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: 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.

If corporation, so state; if firm or co-partnership, give the names of the members; if "style name" used, so state.

Dated at: _____
this _____ day of _____ 20_____

Signature of applicant _____

By _____

Address _____

COFACE NORTH AMERICA INSURANCE COMPANY

POLICY DECLARATION

POLICY NUMBER

1. INSURED:
2. LOCATION:
3. POLICY AMOUNT: \$
4. PREMIUM: \$
5. POLICY TERM: THROUGH:
6. PRODUCTS COVERED:
7. NO ACCOUNT COVERED IF SOLD ON TERMS LONGER THAN:
8. PRIMARY LOSS PERCENTAGE:
9. MINIMUM PRIMARY LOSS \$
10. GOVERNING MERCANTILE AGENCY:
11. FOR COVERAGE LIMITS ON CONDITION 1, SEE THE ATTACHED SCHEDULE.
12. FILE NOTIFICATION OF CLAIMS AT:
**COFACE NORTH AMERICA INSURANCE COMPANY
CREDIT INSURANCE DEPARTMENT
50 MILLSTONE ROAD, WINDSOR CORPORATE PARK
BUILDING 100, SUITE 360
EAST WINDSOR, NJ 08561**
13. RIDERS NUMBER 1 THROUGH HAVE BEEN MADE PART OF THIS POLICY,
BY THE COFACE NORTH AMERICA INSURANCE COMPANY ON ,20 ,
THE ISSUANCE DATE HEREOF.

AUTHENTICATED:

Secretary

President

COUNTERSIGNED:

Resident Agent

DPD-1
02/04 ED.

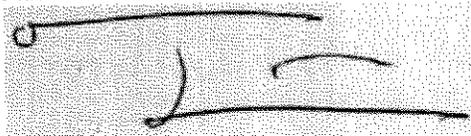
COFACE NORTH AMERICA INSURANCE COMPANY

POLICY DECLARATION

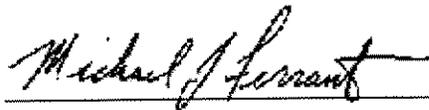
POLICY NUMBER

1. INSURED:
2. LOCATION:
3. POLICY AMOUNT: \$
4. PREMIUM: \$
5. POLICY TERM: THROUGH:
6. PRODUCTS COVERED:
7. NO ACCOUNT COVERED IF SOLD ON TERMS LONGER THAN:
8. PRIMARY LOSS PERCENTAGE: \$
9. MINIMUM PRIMARY LOSS: \$
10. ELIGIBLE CURRENCY:
11. FILE NOTIFICATION OF CLAIMS AT:
**COFACE NORTH AMERICA INSURANCE COMPANY
50 MILLSTONE ROAD, WINDSOR CORPORATE PARK
BUILDING 100, SUITE 360
EAST WINDSOR, NJ 08561**
11. RIDERS NUMBER 1 THROUGH HAVE BEEN MADE PART OF THIS POLICY, BY THE
COFACE NORTH AMERICA INSURANCE COMPANY ON, 2004 ,
THE ISSUANCE DATE HEREOF.

Authenticated:



Secretary



President

COUNTERSIGNED:

Resident Agent

DPE-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

ADDITIONAL POLICY DECLARATION

POLICY NUMBER : _____ REF. NO 

INSURED: **PRIVATE BUSINESS INSURANCE**

- 1 a) LOCATION: **214 OVERLOOK COURT, #120 BRENTWOOD, TN 37027**
2. COLLATERAL BENEFICIARY:
3. POLICY AMOUNT: \$
4. ESTIMATED PREMIUM: SEE ITEM 21 OF BUSINESS PARTNER FRAUD ENDORSEMENT
5. POLICY TERM: _____ THROUGH: _____
6. PRODUCTS COVERED: VARIOUS
7. NO ACCOUNT COVERED IF SOLD ON TERMS LONGER THAN: 120 DAYS
8. PRIMARY LOSS PERCENTAGE: N/A
9. MINIMUM PRIMARY LOSS: N/A
10. GOVERNING MERCANTILE AGENCY: DUN & BRADSTREET INC.
11. FOR COVERAGE LIMITS ON CONDITION, 1: N/A
12. FILE NOTIFICATION OF CLAIMS AT:
**COFACE NORTH AMERICA INSURANCE COMPANY
CREDIT INSURANCE DEPARTMENT
50 MILLSTONE ROAD, WINDSOR CORPORATE PARK
BUILDING 100, SUITE 360
EAST WINDSOR, NJ 08561**
13. RIDERS NUMBER 1 _____ HAS BEEN MADE PART OF THIS POLICY,
BY THE COFACE NORTH AMERICA INSURANCE COMPANY ON _____, 20____,
THE ISSUANCE DATE HEREOF.

AUTHENTICATED:

Secretary

President

COUNTERSIGNED:

Resident Agent

COFACE NORTH AMERICA INSURANCE COMPANY

POLICY DECLARATION

POLICY NUMBER

1. INSURED:
2. LOCATION:
3. POLICY AMOUNT:
4. PREMIUM:
5. POLICY TERM: THROUGH:
6. SALES PERIOD: THROUGH:
7. PRODUCTS COVERED:
8. NO ACCOUNT COVERED IF SOLD ON TERMS LONGER THAN DAYS
9. PRIMARY LOSS PERCENTAGE:
10. MINIMUM PRIMARY LOSS: \$
11. GOVERNING MERCANTILE AGENCY:
12. FOR COVERAGE LIMITS ON CONDITION 1, SEE THE ATTACHED SCHEDULE.
13. FILE NOTIFICATION OF CLAIMS AT:
COFACE NORTH AMERICA INSURANCE COMPANY
50 MILLSTONE ROAD, WINDSOR CORPORATE PARK
BUILDING 100, SUITE 360
EAST WINDSOR, NJ 08561
14. RIDER NUMBER 1 THROUGH HAVE BEEN MADE PART OF THIS POLICY
BY COFACE NORTH AMERICA INSURANCE COMPANY ON , 20 ,
THE ISSUANCE DATE HEREOF.
15. PRECEDING POLICY: _____

AUTHENTICATED:

OFFICER OR ASST. OFFICER

PRESIDENT

COUNTERSIGNED;

RESIDENT AGENT

COFACE NORTH AMERICA INSURANCE COMPANY

COVERAGE CHANGE "C" RIDER

By this Rider made part of Policy No.
issued to
of

it is agreed that:

(a) in consideration of premium of \$; and

(b) effective on shipments and deliveries made on and after the date(s) indicated below; this Policy is amended to the extent that the name(s) of the following debtor(s), with the Gross Amount Covered set Opposite thereto shall be added to the Rider(s) indicated:

DATE	RIDER NO.	RATING	DEBTOR	GROSS AMOUNT COVERED
------	--------------	--------	--------	-------------------------

Should loss on the above mentioned coverage(s) arise in part from: (a) shipments and deliveries made prior to the effective date(s) mentioned; and (b) shipments and deliveries made thereafter; the combined Gross Amount to be covered shall not exceed the amount(s) appearing above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

ADDITIONAL DEBTORS INCLUDED FOR COVERAGE UNDER RIDER #

By this Rider made part of Policy No.

issued to of

it is agreed that the following debtor(s) is (are) hereby added subject to all the provisions of Rider # ,
for a gross amount not to exceed the amount set opposite a debtor's name below:

DATE	NAME	LOCATION	GROSS AMOUNT COVERED
------	------	----------	-------------------------

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of
this Policy other than as stated above.

Authenticated:

Secretary

President

CR002 - 1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

ADVERTISING RIDER

By this Rider made part of Policy No.

it is agreed that all amounts owing to **you** by debtors in connection with advertising business, between **you** and such debtors, shall be deemed as arising from shipments of merchandise and the **governing rating** of debtors shall be determined as follows:

- (a) on advertising business, for which orders are accepted by **you** during the Policy Term, the rating assigned to the debtor by the Agency at the date of acceptance of the order shall govern;
- (b) the rating assigned to the debtor by the Agency at the inception of this Policy shall govern on advertising business for which orders were accepted by **you** prior thereto; and
- (c) If acceptance of an order shall have occurred while an immediately preceding Policy issued by **us** was in force, the rating assigned to the debtor by the Agency at the date of acceptance of the order shall govern.

For all other purposes of this Policy, the date of shipment shall be construed to be the date upon which the debtor becomes obligated to **you** for the payment of the account and **you** will render invoices in due course to cover such obligations.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR003 -1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

#

ALTERNATE GOVERNING AGENCY RIDER

By this Rider made part of Policy No.

it is agreed that Condition 1 of this Policy is amended to the extent that if shipments be made by you to a debtor who, at the date of shipment, is not rated, either as to capital or credit, by the Agency named in the Policy Declaration the Mercantile Agency shall be substituted to determine the Governing rating of said debtor as to such shipment. The gross amount covered shall be determined by the following Table of Ratings and Coverage.

If the indebtedness of a debtor, at the date of insolvency be for shipments made under different governing ratings, the gross amount covered on the total of such indebtedness shall be determined in the same manner as set forth in Condition 1 of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR004-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

#

ALTERNATE AVAILABLE COVERAGE ON RATINGS (MONTHLY) RIDER

By this Rider made part of Policy No.

it is agreed that **you** may increase the limit of coverage applicable to any **governing rating** in the Table of Ratings and Coverage appearing in the Alternate Governing Agency Rider to an amount not exceeding that set opposite such **governing rating** in the following table. For such increased coverage, **you** will pay an additional monthly premium calculated on the difference between the amount requested and the amount of coverage afforded such rating under the Table of Ratings and Coverage appearing in the Alternate Governing Agency Rider; subject to a minimum of \$10.00

CONTINUED ON NEXT PAGE

COFACE NORTH AMERICA INSURANCE COMPANY

Such increased coverage shall only apply: (a) provided **your** request is received no later than the 15th day of the month up to and including the 15th day of the month immediately following the end of the Policy Term; and (b) to shipments made during the previous month and on outstanding balances previously extended continuous coverage. **Your** request is to include the **governing rating(s)** and amount(s) of outstandings for shipments made during the shipment period covered by said Policy.

Without verifying or confirming the **governing ratings** or amounts reported, **we** will bill **you** for any additional premium due. **We** will acknowledge receipt of each monthly premium paid. However: (a) a failure to verify or confirm the monthly report; (b) **our** rendering to **you** of a bill for additional premium; (c) **your** payment of such bill; (d) **our** acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy nor be a waiver of any of the terms or conditions of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR005 -1
02/04

COFACE NORTH AMERICA INSURANCE COMPANY

AMENDMENT OF CONDITION 5 RIDER

By this Rider made part of Policy No.

issued to of

it is agreed that CONDITION 5 - FINAL STATEMENT OF CLAIM appearing in this Policy is amended to the extent that such Final Statement of Claim must be received by **us** at **our** Administrative Office on or before .

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR006-1
02/04

COFACE NORTH AMERICA INSURANCE COMPANY

AMENDED TABLE OF RATINGS AND COVERAGE RIDER

By this Rider made part of Policy No.

it is agreed that Condition 1 of this Policy is amended to the extent that when the **governing rating** of any debtor approved for coverage under this Rider is either: (a) the same rating which appears opposite the name of such debtor; or (b) a rating as high or higher as to both capital and credit according to the Table of Ratings & Coverage in this policy, the gross amount to be covered on such debtor at the rate of **insolvency** as to such shipments, shall not be governed by the Table of Ratings and Coverage in the Policy Declaration but shall rather be limited to the amount set opposite such debtor's name. In any settlement under Condition 6 of this Policy, this amended coverage shall be treated as part of the Table of Ratings and Coverage in the Policy Declaration with respect to such debtor.

It is further agreed that **you** may, during the Policy Term, submit the name of additional debtors with a **governing rating** of any of those appearing in the Table of Ratings and Coverage for coverage in excess of the amount provided on said rating, subject to **our** approval. In the event **we** do approve coverage on any additional debtors, the coverage so approved shall be: (a) subject to all other provisions of this Rider; and (b) confirmed by Rider for attachment to this Policy. No additional premium will be charged for any additional debtor approved unless the coverage requested and granted is in excess of the highest amount of other existing coverage on the same rating.

Upon written notice to **us** during the Policy Term, **you** may cancel the amount of coverage granted on any debtor in excess of the amount of coverage applicable on the debtor's rating under the Table of Ratings and Coverage in the Policy Declaration. Said notice shall constitute a waiver of **our** liability as to such coverage effective from the inception date hereof. If, at the time of such notice, the highest amount of other existing coverage on the same rating as that of the debtor on whom coverage was canceled be less than the amount of coverage on the debtor on whom coverage was canceled, **we** will refund to **you** the unearned premium for such difference in coverage, calculated on a pro-rata basis for the period from the date of receipt of the notice by **us** up to the end of the Policy Term.

Upon written notice to **you**, **we** may cancel the amount of coverage granted on any debtor in excess of the amount of coverage applicable on the debtor's rating under the Table of Ratings and Coverage in the Policy Declaration. In that event, the increased coverage granted shall terminate as to any shipments and deliveries made to such debtor after receipt by **you** of the notice of cancellation.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

DEBTORS APPROVED FOR COVERAGE UNDER THE
AMENDED TABLE OF RATINGS AND COVERAGE RIDER

By this Rider made part of Policy No.

it is agreed that a debtor named below is hereby approved for coverage for a gross amount not to exceed the amount set opposite such debtor's name below. The coverage provided is under and subject to all of the provisions of the AMENDED TABLE OF RATINGS AND COVERAGE Rider.
(Note - Capital and Credit Ratings only indicated when **Agency** rating governs coverage.)

CAPITAL & CREDIT RATING	NAME	LOCATION	GROSS AMOUNT COVERED
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Nothing contained herein shall be held to vary, alter, waive or extend any of the terms and conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR008-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CANCELLATION OF COVERAGE RIDER

By this Rider made part of Policy No.
issued to
of

it is agreed that in consideration of a return premium of \$ _____,
and effective on the date(s) indicated below, this Policy is amended to the following extent:

The name(s) of the following debtor(s), with the Gross Amount set opposite thereto shall be cancelled
from the Rider(s) indicated:

DATE	RIDER NO.	DEBTOR	LOCATION	AMOUNT CANCELLED
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Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this
Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

COLLATERAL BENEFIT "A" RIDER

By this Rider made part of Policy No. _____
issued to _____ of _____

it is agreed that in accordance with your written request and authority, evidenced by **your** signature hereto:

On such accounts as have been assigned to the _____ (bank) of _____ as collateral against loans made by said Bank under certain assignment agreements between **you** and the Bank:

(a) The Bank shall have the right to: (1) file **your** accounts with **us** for collection; (2) file Notification of Claim including Final Statement of Claim under said Policy in accordance with the terms thereof; and (3) determine and settle with **us** the amount of such claims and the amount of excess loss payable by **us** under the terms of said Policy and Riders attached thereto; all on the sole signature of the Bank by its Vice President, Treasurer, or Assistant Treasurer. **We** will accept such Notification and Statement of Claim as if filed by **you** and the amount of excess loss determined by and between **us** and the Bank shall be final.

(b) Until released by the Bank to **us** in writing, by its Vice President, Treasurer, or Assistant Treasurer, of its interest therein, all amounts due **you** under the terms of the Policy or by reason of recovery of accounts by **us** under the terms of said Policy and Riders attached thereto will be paid by **us** to the Bank. These sums may be paid without investigating the existence or amount of **your** liability to the Bank. The sole receipt of the Bank by its Vice President, Treasurer, or Assistant Treasurer, for any sums so paid shall be a full discharge and release therefor to **us**.

(c) **You** agree that in the event of the filing of either a Notification of Claim or a Final Statement of Claim by the Bank under this Rider, **you** will furnish to **us** all rights of examination of **your** books, records, and documents and shall comply with all the obligations imposed under this Policy upon **you**.

(d) The Bank agrees that as respects all dealings between us and the Bank under the provisions of this Policy and of this Rider, the Bank shall have the same rights and none other, than those **you** would have. In the event of the payment of excess loss under this Policy, the Bank shall execute and deliver to **us** or secure from **you** the execution and delivery of assignments of each and every account entering into settlement under this Policy in accordance with the terms thereof.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

AUTHENTICATED:

Secretary

President

ACCEPTED:

By: _____

By: _____

COFACE NORTH AMERICA INSURANCE COMPANY

COLLATERAL BENEFIT "B" RIDER

By this Rider made part of Policy No. _____
issued to _____ of _____
it is agreed that any excess loss ascertained as provided in Condition 6 of said Policy shall be
payable by **us** to _____ of _____
for **your** account provided **we** have had no notice of any claim thereto, or any part thereof, by any other
claimant.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of
this Policy other than as stated above.

Authenticated:

Secretary

President

CR011-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CONFORMITY BACK SALES RIDER

By this Rider made part of Policy No.

it is agreed that shipments made by **you** between , 20 , and , 20 , both days inclusive, to debtors who shall have become **insolvent** during this Policy Term and subject to the limits of coverage specified in this Policy, shall be admitted in claim settlement under this Policy. However, such shipments shall be subject to the limits of coverage which have been applicable under a preceding Policy issued by **us** or any other company writing Credit Insurance had such **Insolvency** occurred during its term.

If a loss on such debtor be partly on shipments made between the dates above specified and partly on shipments made during this Policy Term, then such entire loss shall not be covered for more than if all shipments had been made during this Policy Term.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR012-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CONDITIONAL BACK SALES RIDER

By this Rider made part of Policy No.

it is agreed that loss, occurring after the commencement of this Policy, on shipments made by **you** between and both days inclusive, shall be treated under this Policy the same as though the Policy had been in force during said period. However, no indebtedness arising from said shipments shall be covered if, at the date of application for this Policy: (a) any part thereof was past due under original terms of sales; (b) any part thereof was under extension; or (c) if the rating of the debtor was reduced, either as to Capital or Credit, or both, by the **Agency** during the period above mentioned or within 30 days prior thereto.

Shipments made to a debtor during the period above shall be combined with all other shipments to such debtor under this Policy and the whole treated as a single loss: (a) in applying the coverage limitations applicable to such debtor; and (b) in calculating the amount from which deductions provided for in Condition 6 of this Policy shall be made.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

#

CONDITIONAL EXEMPTION OF CO-INSURANCE "A" RIDER

By this Rider made part of Policy No.

it is agreed that the Co-Insurance, provided in Condition 6 of this Policy, shall not be deductible from any loss resulting from any shipment to a debtor whose **governing rating** at the date of shipment was any one of those included for coverage under the "first credit" column or "second credit" column of ratings in the Table of Ratings and Coverage governing under Condition 1 of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR014-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CONDITIONAL EXEMPTION OF CO-INSURANCE 'B' RIDER

By this Rider made part of Policy No.
it is agreed that the Co-Insurance , as approved in Condition 6 of this Policy, shall not be deductible.

Nothing contained herein shall be hold to vary , alter, . waive or extend any of the terms or conditions
of this Policy other than as stated above

Authenticated:

Secretary

President

CR015-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CONSIGNMENT RIDER

By this Rider made part of Policy No.

it is agreed that merchandise delivered by **you** on consignment and which has been sold and shipped by the consignee to a third party shall be regarded, for the purposes of this Policy, as having been sold and shipped by **you** to such consignee as of the date of the shipment thereof by the consignee to such third party.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR016-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CONSTRUED COVERAGE RIDER

By this Rider made part of Policy No.

it is agreed that if **you** accept a written order signed by a debtor or confirm to a debtor in writing an order for the shipment of merchandise, and if such merchandise is actually shipped within days thereafter, the coverage on the debtor in effect at the date of such acceptance or confirmation shall be construed as the coverage in effect at the date of shipment.

If the shipment of such merchandise be made more than days after such acceptance or confirmation, then the actual coverage in effect at the date of shipment shall apply.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR017-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CONSTRUED TERMS (N.B.) RIDER

By this Rider made part of Policy No. _____
it is agreed that for the purpose of this Policy, where **your** invoices show terms of sale of less than _____ days, including dating; such terms of sales all be construed to be _____ days, including dating.

This Rider shall not apply to any shipments and deliveries made prior to the inception date of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR018-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CONSTRUED TERMS (RE) RIDER

By this Rider made part of Policy No.

it is agreed that for the purpose of this Policy, where **your** invoices show terms of sale less than days, including dating; such terms of sale shall be construed to be days, including dating.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

EXCLUDED SALES RIDER

By this Rider made part of Policy No.
it is agreed that sales, shipments and deliveries made by **you** to the following:

and losses arising therefrom, are to be excluded from the calculation of sales and losses in any settlement under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

EXCLUDED SALES RIDER

By this Rider made part of Policy No. _____ Ref. No. __- issued to

it is agreed that sales, shipments and deliveries assigned to **you** or made by **you** to the following:

Any Account Not Processed through and funded by **you** through the Business Manager Program

and losses arising therefrom, are to be excluded from the calculation of sales and losses in any settlement under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR021-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

EXTENDED TERM "N" RIDER

By this Rider made part of Policy No. _____
issued to _____ of _____
it is agreed that in consideration of \$ _____ additional premium, receipt of which is acknowledged:

- (a) the ending of the Policy Term is extended from _____, 20____ to _____, 20____ ;
- (b) there shall be added to the Primary Loss an amount equal to _____ % of the total gross sales made by **you** during the aforesaid extended term less allowances and returns on said sales; but such additional Primary Loss shall not be less than \$ _____ ;
- (c) the net amounts of proven losses covered under this Rider shall be included with the net amounts of all other losses covered and proven in Claim Settlement under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

INCLUDED SALES RIDER

By this Rider made part of Policy No.
it is agreed that shipments made by **you** under the style and firm name of :

and losses arising therefrom shall be included in the settlement calculation of this Policy. In the event a debtor owes **you** for shipments made under more than one name, the combined coverage on accounts so owing shall not exceed the limits of single account coverage specified in this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms and conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

INCLUDED SALES RIDER

By this Rider made part of **Policy No.** _____ **Ref. No.** __ -
issued to

it is agreed that shipments assigned to you or made by you under the style and firm name of:

and losses arising therefrom shall be included in the settlement calculation of this Policy. In the event a debtor owes **you** under more than one name, the combined coverage on accounts so owing shall not exceed the limits of single account coverage specified in this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

INSOLVENCY ONLY RIDER

By this Rider made part of Policy No.

it is agreed that Condition 2 of this Policy is eliminated. Only **insolvent** accounts, as defined by the Policy, shall be considered for coverage and settlement. Past due accounts will not be considered for coverage or settlement.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

INTERIM CLAIM SETTLEMENT "A" RIDER

By this Rider made part of Policy No.

it is agreed that in order to receive claim settlements under this Policy prior to the final settlement, **you** may, at any time prior to the time fixed in this Policy for the filing of the Final Statement of Claim, file with **us** 3 Preliminary Statements of Claim for excess loss. **We** shall furnish **you** with blank forms upon request.

Within 60 days after **we** receive any such Preliminary Statements of Claim, **we** shall: (a) settle all **insolvent** accounts mentioned therein, in accordance with the provisions of Condition 6 of this Policy; and (b) immediately pay to **you** the amount of excess loss, if any, then found due.

No claim for loss shall be considered in any interim claim settlement under this Policy, unless the debtor is **insolvent**. Past due accounts filed for recovery shall not be considered prior to the final settlement under this Policy.

In no event shall the total net amount payable by **us** in all settlements made under this Policy exceed the Policy Amount.

If **we** pay **you**, in all interim settlements under this Policy, an amount in excess of the amount which would have been paid if the actual **Primary Loss** had been ascertainable at the time of such payment, **you** will at once refund such excess to **us**.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR026-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

INTERIM CLAIM SETTLEMENT "B" RIDER

By this Rider made part of Policy No.

it is agreed that in order to receive claim settlements under this Policy prior to the final settlement, **you** may, at any time prior to the time fixed in this Policy for the filing of the Final Settlement of Claim, file with **us** 3 Preliminary Statements of Claim for excess loss. **We** shall furnish you with blank forms upon request.

Within 60 days after **we** receive any such Preliminary Statements of Claim, **we** shall: (a) settle all accounts mentioned therein in accordance with the provisions of Condition 6 of this Policy; and (b) immediately pay to **you** the amount of excess loss, if any, then found due.

In no event shall the total net amount payable to **you** in all settlements made under this Policy exceed the Policy Amount.

If **we** pay **you**, in all interim settlements under this Policy, an amount in excess of the amount which would have been due if the actual **Primary Loss** had been ascertainable at the time of such payment, **you** will at once refund such excess to **us**.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

L RIDER

By this Rider made part of Policy No.

it is agreed that shipments made by **you** to a debtor, dealing in **your** merchandise or using it in connection with, or incident to, an established business who at the date of shipment: (a) has no **governing rating** to which coverage is assigned in the Policy Declaration; nor (b) is not named for coverage under any other Rider attached to this Policy; shall be covered under this Policy, subject to its other terms and conditions but the gross amount to be covered on the account of any one such debtor shall be limited to the amount owing to **you** at the date of **Insolvency** and shall also be limited to \$.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be first deducted % thereof as Co-Insurance and the amount remaining, but in no event to exceed an aggregate coverage of \$, shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in settlement of losses under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR028-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

OPTIONAL INCREASE OF COVERAGE RIDER

By this Rider made part of Policy No.

it is agreed that upon receipt of **your** written request during the Policy Term, **we** will issue a rider for attachment to this Policy, effective as to shipments made not earlier than 10 days prior to the receipt of such request, increasing the limit of coverage applicable to any **Governing Rating** listed in the Policy Declaration to an amount not exceeding the amount indicated in the attached table.

For such increased coverage, **you** will pay **us** a pro rata percentage of the stated annual premium rate for the remainder of the Policy Term.

During the Policy Term, **you** may apply for coverage on a debtor for an amount in excess of the amount provided on the debtor's **Governing Rating** in the attached table. In the event **we** approve such coverage, confirmation of same will be: (a) by Rider for attachment to this Policy; and (b) effective on shipments made thereafter. Additional premium will be charged for coverage on such debtor only on the amount in excess of the highest amount of coverage then in force on any debtor with the same **Governing Rating**.

Upon **your** written request, **we** will cancel any increased amount of coverage granted under the provisions of this Rider and refund premium to **you**, calculated on a pro rata basis, less the premium earned for the period of time such coverage was in force.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

OPTIONAL HANDLING RIDER

By this Rider made part of Policy No.

it is agreed that **you** have the option of handling accounts of **insolvent** debtors and shall designate **your** intention to avail yourself of this option when filing Notification of Claim against a debtor who is **insolvent**. When you exercise this option, **you**:

- (a) assume responsibility for the proper attention and proper collection of such accounts;
- (b) will obtain all amounts in salvage therefrom;
- (c) will not accept any settlement or plan of arrangement without first obtaining **our** authorization;
- (d) will furnish **us** with periodic status reports upon request; and
- (e) waive the provisions of Condition 4 of this Policy and will pay all costs and fees incurred in connection with these accounts.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

RATING CHANGE COVERAGE CONTINUED RIDER

By this Rider made part of Policy No.

issued to of

it is agreed that whereas the Agency, by report dated , 20 has changed the rating of:

DEBTOR	LOCATION	GROSS AMOUNT COVERED
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from to , shipments by **you** to this debtor on and after that date under a **Governing Rating** of shall be covered under this Policy in the same manner and to the same extent as if such shipments had been made under a **Governing Rating** of .

The gross amount to be covered on the total indebtedness of the debtor at the date of **Insolvency**, for all shipments made by **you** during the entire Policy Term, shall in no event exceed \$.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR031-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

SPECIAL GOODS IN PROCESS OR UNDELIVERED RIDER

By this Rider made part of Policy No.

it is agreed that if a loss be sustained on indebtedness representing merchandise specially purchased and/or processed in whole or part by **you**, in connection with a bona fide order, but not shipped and actually delivered to the **debtor** and which merchandise cannot readily be resold for a reasonable price; such loss shall be covered by this Policy, subject to the following provisions:

- (a) the debtor shall become **Insolvent** during the Policy Term and Notification of Claim shall have been filed as required in Condition 3 of this Policy;
- (b) Condition 2 of this Policy shall not apply to any loss under this Rider;
- (c) if **we** have the right of canceling coverage on future shipments to the debtor, and notice of such cancellation be given, no coverage shall attach under this Rider to any merchandise specially purchased, nor as to any processing cost incurred after **you** receive the notice of cancellation;
- (d) The amount of gross loss allowable under the terms of this Rider shall be limited to: (1) **your** aggregate cost of merchandise specially purchased and/or processed within the Sales Period covered by this Policy; and (2) whatever coverage under this Policy would be applicable at the present time of such purchase and/or processing had the indebtedness represented merchandise shipped and actually delivered. If the debtor, at the date of **Insolvency** be indebted to **you** for both merchandise shipped and actually delivered and merchandise specially purchased and/or processed, then the combined amount shall be treated as a single account and the limitations of this Policy on such debtor shall apply;
- (e) The amount of such loss shall have been established and allowed as a valid claim against the debtor or the debtor's estate; and
- (f) all recoveries by **you** from the sale or disposition of such undelivered merchandise or credit given for future recovery shall, for the purpose of this Policy, be construed as a payment on **your** whole account against the debtor and shall be applied in accordance with Condition 6 of this Policy to determine the amount of the net loss allowable in the Claim Settlement.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

SPECIAL TERMS OF SALES RIDER

By this Rider made part of Policy No. _____
it is agreed that this Policy is amended to the extent that shipments made by **you** in exceptional cases, to customers on terms of sale not to exceed _____ days, shall be covered by this Policy provided the total volume of such shipments shall in no event exceed _____ % of **your** total volume of covered sales made during the sales period of this Policy. In all other instances, the information contained in the application of this Policy regarding longest terms of sale and in the Policy Declaration shall apply.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR033-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A" RIDER

By this Rider made part of Policy No.

it is agreed that coverage on the accounts of debtors approved under this Rider shall not be governed by the **Agency** ratings specified in Condition 1 of this Policy. The gross amount to be covered on the account of any approved debtor shall be limited to the lesser of: (a) the amount owing to **you** at the date of **Insolvency**; and (b) the amount set opposite the name of such debtor.

From the total net amount, i.e., net of items (a) through (d) in Condition 6, of the covered and proven losses coming within the provisions of this Rider, there shall be deducted % thereof as Co-Insurance. The amount remaining shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

Cancellation:

- (a) Upon **your** written request, **we** will cancel the coverage applicable to any one or more of the debtors specified provided no account against such debtor shall have been placed by **you** with **us** for recovery. In that event, no account filed thereafter against any such debtor or debtors shall be covered hereby.
- (b) **We** have the right to cancel the coverage applicable to any one or more of the debtors specified by giving **you** written notice. Such notice will be sent in accordance with the notice provisions specified in Condition 11 of the policy. Our liability shall only extend to losses arising from shipments made prior to the date of such cancellation.

Upon being duly released from all liability in respect to any such debtor or debtors as outlined in (a) and (b), **we** shall refund premium paid for the unexpired term on a pro-rata basis.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A" RIDER

By this Rider made part of Policy No.

The gross amount to be covered on the account of any approved debtor shall be limited to the lesser of: (a) the amount owing **you** at the date of **Insolvency**; and (b) the amount set opposite the name of such debtor.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be deducted _____ % thereof as Co-Insurance. The remainder shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A" RIDER
(INSOLVENCY ONLY)

By this Rider made part of Policy No.

It is agreed that Condition 2 of this Policy shall not apply to shipments made to debtors named in this Rider.

The gross amount to be covered on the account of any approved debtor shall be limited to the lesser of: (a) the amount owing to **you** at the date of **insolvency**; and (b) the amount set opposite the name of such debtor.

From the total net amount, i.e. net of items (a) through (d) of Condition 6, of the covered and proven losses coming within the provisions of this Rider, there shall be deducted % thereof as Co-Insurance. The remainder shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A" RIDER

By this Rider made part of Policy No. _____ Ref. No. - _____ issued to _____

It is agreed that coverage on the accounts of debtors approved under this Rider shall not be governed by the **Agency** ratings specified in Condition 1 of this Policy. The gross amount to be covered on the account of any approved debtor shall be limited to the lesser of: (a) the amount owing to **you** at the date of **Insolvency**; and (b) the amount set opposite the name of such debtor.

From the total net amount, i.e. net of items (a) through (d) in Condition 6, of the covered and proven losses coming within the provisions of this Rider, there shall be deducted _____ % thereof as Co-Insurance. The amount remaining shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

Cancellation:

(a) Upon **your** written request, **we** will cancel the coverage applicable to any one or more of the debtors specified provided no account against such debtor shall have been placed by **you** with **us** for collection. In that event, no account filed thereafter against any such debtor or debtors shall be covered hereby.

(b) **We** have the right to cancel the coverage applicable to any one or more of the debtors specified by giving **you** written notice. Such notice will be sent in accordance with the Notice provisions of Condition 11 of the policy. **Our** liability shall only extend to losses arising from shipments made prior to the date of such cancellation.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A" RIDER - POLITICAL RISK

By this Rider made part of Policy No. _____ it is understood and agreed that:

For all debtors specifically named for coverage in the schedule attached and made a part of this Rider, and provided that the goods are shipped and delivered to the country shown as the debtor's location, the Exclusions section of the Policy is amended as follows:

Paragraphs (e), (j), (k) and (l) are deleted, and subject to the terms and conditions of this Rider the following causes of loss will be included for coverage, and shall hereafter be referred to as Political Risks:

1. Loss resulting from enemy attack by armed forces, to civil war, declared or de facto, to occupation whether total or partial by a foreign power, to riot, mutiny, revolution, or any enemy attack by a Foreign Government or sovereign power, or any action taken by a country or its allies in resisting such attacks; from a war, including civil war, hostilities, rebellion, insurrection, revolution, riot or civil commotion, excluding a war, declared or not, between any of the following powers: China, France, United Kingdom, United States of America, and member of the former Soviet Union, a war, declared or not, between the United States or Canada and the country of the debtor, or that where the risk is located.
2. Any measure or decision taken by the authorities of a country hindering the performance of the sale contract,
3. A moratorium decreed by the authorities of the debtor's country or by the authorities of a third country through which payment must be effected.
4. From political events or economic difficulties or legislative or administrative measures which prevent or delay the transfer of payment by the debtor or the guarantor.

This Rider only provides coverage for losses arising from Political Risks (as herein defined) attributable to the debtors specifically named in the schedule attached to this Rider. However, in addition to coverage for Political Risks, losses arising from the debtors named in the attached schedule also are covered by the insurance provided pursuant to any other section of the Policy and any other Rider thereto.

For purposes of this Rider only, when the non-payment is due to delayed funds transfer **you** must produce documentation, satisfactory to **us**, from a financial institution evidencing payment in local currency and fulfillment of the formalities required by the authorities of the buyer's country for the transfer of funds before payment of the claim will be made by **us**.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be deducted _____ % thereof as Co-Insurance. The remainder shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

In the event of a claim filing under Condition 3 of this policy, **we** shall ascertain the nature of the loss within 90 days of the claim filing. If the loss is from a political risk, **we** shall, within 180 days after **we**

COFACE NORTH AMERICA INSURANCE COMPANY

Page 2
Extraordinary Coverage "A" Rider
Political Risk

received any Preliminary or Final Statement of Claim, settle all accounts mentioned therein in accordance with all other provisions of Condition 6 of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR039-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A"
(INSOLVENCY ONLY RIDER)
REPORTING FORM

By this Rider made part of Policy No.

It is agreed that any loss arising on shipments made by **you**, during the Policy Term, to a debtor named for coverage under this Rider, shall be subject to the conditions and premium charge outlined below in addition to the conditions set forth in this Policy.

It is agreed that Condition 2 of this Policy shall not apply to shipments made to debtors named in this Rider. Coverage shall attach only in the event of an **insolvency** as set forth in the definitions section of this policy.

COVERAGE

The gross amount to be covered on the account of any approved debtor shall be limited to the lesser of: (a) the amount owing **you** at the date of **insolvency**; and (b) the amount set opposite the name of such debtor.

From the total net amount, i.e., net of items (a) through (d) of Condition 6, of the covered and proven losses coming within the provisions of this Rider, there shall be deducted _____ % thereof as Co-Insurance. The remainder shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

REPORTING AND PREMIUM

An agreed deposit premium shall be paid by **you** at the inception date of this policy. The actual premium shall be the total invoice price of goods and services sold and delivered to named debtors during the policy term, multiplied by the premium rate of _____. In no event shall the actual premium be less than the deposit premium. It is further agreed that **you** shall, by the last day of each month during the Policy Term furnish a report of the amount of gross sales and shipments (less allowances, returns or exclusions permitted by this policy) made during the preceding month. If at any time the cumulative of the actual premium exceeds the deposit premium, **you** will remit payment for the balance.

We will acknowledge receipt of each additional premium paid. However: (a) **our** failure to verify the report of sales; (b) **our** rendering to **you** of a bill for additional premium; (c) **your** payment of such bill; (d) **our** acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy or be a waiver by either **you** or **us** of any of the terms or conditions of this Policy.

In addition to the premium charge outlined above, **you** will pay an Approval Charge of \$50 for each debtor approved for coverage under this Rider.

COFACE NORTH AMERICA INSURANCE COMPANY

Page 2
Extraordinary Coverage "A"
(Insolvency Only Rider) Reporting Form

ADDITIONAL/INCREASED COVERAGE

You may, during the Policy Term, submit to **us** the names of debtors for the purpose of providing additional coverage in excess of the amount previously approved or for new coverage. Any increased/new coverage shall be: (a) subject to our approval; and (b) if granted, subject to cancellation. Confirmation of the increased/new coverage will be by Rider for attachment to this Policy. The increased/new coverage will be effective from the date of **your** request and thereafter during the Policy Term.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR040-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "B" RIDER

By this Rider made part of Policy No.

it is agreed that coverage on the accounts of debtors approved under this Rider shall not be governed by the **Agency** ratings specified in Condition 1 of this Policy. The gross amount to be covered on the account of any approved debtor shall be limited to the lesser of: (a) the amount owing **you** at the date of **Insolvency**; and (b) the amount set opposite the name of such debtor.

From the total net amount, i.e. net of items (a) through (d) of Condition 6, of the covered and proven losses coming within the provisions of this Rider there shall be deducted % thereof as Co-Insurance. The amount remaining, but in no event to exceed an aggregate amount of \$, shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

Cancellation:

(a) Upon **your** written request, **we** will cancel the coverage applicable to any one or more of the debtors specified provided no account against such debtor shall have been placed by **you** with **us** for recovery. In that event, no account filed thereafter against any such debtor shall be covered hereby.

(b) **We** shall have the right to cancel the coverage applicable to any one or more of the debtors specified by giving **you** written notice. Such notice will be sent in accordance with the Notice provisions of Condition 11 of the policy. **Our** liability shall only extend to losses arising from shipments made prior to the date of such cancellation.

Upon being duly released from all liability in respect to any such debtor or debtors as outlined in (a) and (b), **we** shall refund premium paid for the unexpired term on a pro-rata basis.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

COVERAGE CHANGE "A"
DEBTORS APPROVED FOR COVERAGE UNDER THE
AMENDED TABLE OF RATINGS AND COVERAGE RIDER

By this Rider made part of Policy No.

issued to

it is agreed that:

(a) in consideration of premium of \$;

and (b) effective on shipments and deliveries made on and after the date(s) indicated; the debtor(s) named below are approved for coverage for a gross amount not to exceed the amount set opposite such debtor's name. The coverage provided is under and subject to all of the provisions of the AMENDED TABLE OF RATINGS AND COVERAGE Rider.

(Note - Capital and Credit Ratings only indicated when **Agency** ratings govern coverage.)

DATE	RIDER NO.	RATING	NAME	GROSS AMOUNT COVERED
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Should loss on the above mentioned coverage(s) arise: (a) in part from shipments and deliveries made prior to the effective date(s) mentioned; and (b) in part from shipments and deliveries made thereafter; the combined gross amount to be covered shall in no event exceed the amount(s) indicated above. However, so much of such loss that is on shipments made prior to the effective date(s) shall not be covered for more than would have been covered had this Rider not been issued.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms of conditions or this Policy other than as stated above

Authenticated:

 Secretary

 President

COFACE NORTH AMERICA INSURANCE COMPANY

AVAILABLE COVERAGE RIDER

By this Rider made part of Policy No. ___-
it is agreed that coverage shall be applicable to any debtor for shipments made to the debtor while qualifying under the Table of Ratings and Coverage governing under Condition 1, or the AVAILABLE INCREASED COVERAGE Rider, only provided:

That by the 15th day of each month beginning with the month next following the beginning of the Policy Term up to and including the 15th day of the month immediately following the end of the Policy Term, **you** will have furnished **us** with a report of outstandings, for shipments made during the shipment period covered by said Policy.

Such report to include Debtor's name, Location, and **governing rating** and to be effective on shipments made during the previous month and on outstanding balances included on previous reports. The information in such report shall be used for the purpose of determining the amount of premium due under the provisions of the Rider but shall not constitute a confirmation of coverage under the Policy. On debtors reported by **you** as having a governing rating shown in the Table of Ratings and Coverage governing under Condition 1, **you** will pay an additional premium calculated at the rate set forth in the Table of Increased Coverages on the highest amount owing by any one debtor under each **governing rating**, but not exceeding the applicable amount of coverage under the Table of Ratings and Coverage governing under Condition 1, or the following table:

MAXIMUM TO WHICH LIMIT OF COVERAGE MAY BE INCREASED (Lumbermen's Credit Association, Inc.)

<u>FIRST CREDIT</u>				<u>SECOND CREDIT</u>			
CAPITAL RATING	CREDIT RATING	GROSS LIMIT	MONTHLY PREMIUM PER \$1,000	CAPITAL RATING	CREDIT RATING	GROSS LIMIT	MONTHLY PREMIUM PER \$1,000
5A+	1	\$NONE	\$NONE	5A+	2	\$NONE	\$NONE
5A	1	\$NONE	\$NONE	5A	2	\$NONE	\$NONE
4A+	1	\$NONE	\$NONE	4A+	2	\$NONE	\$NONE
5*	1	\$NONE	\$NONE	5*	2	\$NONE	\$NONE
4A	1	\$NONE	\$NONE	4A	2	\$NONE	\$NONE
3A+	1	\$NONE	\$NONE	3A+	2	\$NONE	\$NONE
3A	1	\$NONE	\$NONE	3A	2	\$NONE	\$NONE
4*	1	\$NONE	\$NONE	4*	2	\$NONE	\$NONE
2A+	1	\$NONE	\$NONE	2A+	2	\$NONE	\$NONE
2A	1	\$NONE	\$NONE	2A	2	\$NONE	\$NONE
1A+	1	\$NONE	\$NONE	1A+	2	\$NONE	\$NONE
3*	1	\$NONE	\$NONE	3*	2	\$NONE	\$NONE
1A	1	\$NONE	\$NONE	1A	2	\$NONE	\$NONE
AB	1	\$NONE	\$NONE	AB	2	\$NONE	\$NONE
B	1	\$NONE	\$NONE	B	2	\$NONE	\$NONE
C	1	\$NONE	\$NONE	C	2	\$NONE	\$NONE
2*	1	\$NONE	\$NONE	2*	2	\$NONE	\$NONE
1*	1	\$NONE	\$NONE	1*	2	\$NONE	\$NONE
L	1	\$NONE	\$NONE				

COFACE NORTH AMERICA INSURANCE COMPANY

Page 2

Without verifying or confirming the **governing ratings** or amount reported, **we** will bill you for any additional sum due, subject to a minimum of \$10.00.

We will acknowledge receipt of each monthly additional premium paid. However: (a) **our** failure to verify or confirm the monthly report; (b) **our** rendering to **you** of a bill for additional premium; (c) **your** payment of such bill; (d) **our** acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy or be a waiver by either **us** or **you** of any of the terms or conditions of this Policy.

You may, during the Policy Term, submit to **us** the name of the debtors, whose **governing rating** as to capital and credit, at the time submitted, be one shown in the Table of Ratings and Coverage governing under Condition 1, for the purpose of providing coverage on such debtors for an amount in excess of the amount provided on said rating in the Table of Ratings and Coverage. Any such request shall be: (a) subject to **our** approval; (b) if granted, the available increased coverage shall be subject to cancellation; and (c) subject to the conditions & premium charge hereinbefore provided. Confirmation of coverage will be by Rider for attachment to this Policy. The available increased coverage will be effective from the date of **your** request and thereafter during the Policy Term, unless cancelled, and while the **governing rating** of such debtor as to capital and credit be as specified in the issued Rider or a rating as high or higher as to both capital and credit according to the Table of Ratings and Coverage governing under the Condition 1 of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

COVERAGE CHANGE "B" RIDER

By this Rider made part of Policy No.
issued to
of

it is agreed that:

(a) in consideration of premium of \$; and (b) effective on shipments and deliveries made on and after the date(s) indicated below; this Policy is amended to the following extent:

The gross amount covered set opposite the following **Governing Rating(s)** appearing in the Table of Ratings and Coverage in the Policy Declaration or in the Rider(s) indicated below, is changed as follows:

DATE	RIDER NO.	RATING	FROM	CHANGED	TO
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It is further agreed that if a loss shall be wholly on shipments made prior to the effective date, then it shall not be covered for more than would have been covered had this Rider not been issued; if a loss shall be on: (a) shipments made prior to the effective date; and (b) shipments made thereafter, then it shall not be covered for more than would have been covered had the loss been wholly on shipments on and after the effective date, and so much of such loss as shall be on shipments made prior to the effective date shall not be covered for more than would have been covered had this Rider not been issued.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

MONTHLY COVERAGE RIDER

By this Rider made part of Policy No.
issued to
of

it is agreed that:

- (a) in consideration of an additional premium of \$ _____; and
- (b) effective on shipments and deliveries made during _____, 20____ and on outstanding balances previously extended continuous coverage; in accordance with the Available Coverage Rider Number _____, the gross amount set opposite the following rating(s) appearing in this Policy shall be changed to the amount indicated opposite such rating:

RATING	AMOUNT COVERED
--------	----------------

Further, in accordance with Available Coverage Rider Number _____, when the **Governing Rating** of the debtor(s) named below is the same rating which appears opposite the name of such debtor, the following Amended Table of Ratings and Coverage shall supersede the Table of Ratings and Coverage governing in Condition 1 of this Policy as to such debtors:

RATING	DEBTOR	LOCATION	GROSS AMOUNT COVERED
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Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

AVAILABLE INCREASED COVERAGE RIDER

By this Rider made part of Policy No. _____ it is agreed that, subject to the conditions and premium charge provided for under the Available Coverage Rider, if the **Governing Rating** of a debtor named below at the date of shipment shall be: (a) the **Governing Rating** set opposite the debtor's name; or (b) a rating as high or higher as to Capital accompanied by as high or higher Credit rating as tabulated in the Table of Ratings and Coverage governing under Condition 1 of this Policy; then the gross amount to be covered on such debtor at the date of **Insolvency** as to such shipments shall be limited to the amount set opposite such debtor's name below:

AVAILABLE TABLE OF RATINGS AND COVERAGE

RATING	NAME	LOCATION	GROSS AMOUNT AVAILABLE
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You may, upon written notice to **us** during the sales period of this Policy, cancel the amount of coverage granted on any debtor in excess of the amount of coverage applicable on the debtor's rating under the Table of Ratings and Coverage governing in Condition 1 of this Policy. Said notice shall constitute a waiver of **our** liability as to such coverage, effective from the inception date of this Policy.

We may, upon written notice to **you**, cancel the amount of coverage granted on any debtor in excess of the amount of coverage applicable on the debtor's rating under the Table of Ratings and Coverage governing under Condition 1 of this Policy. In that event, the increased coverage previously applicable shall terminate as to any shipment made to such debtor after receipt by **you** of the notice of cancellation.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

COVERAGE CHANGE "D" RIDER

By this Rider made part of Policy No. _____
 issued to _____ of _____
 it is agreed that (a) in consideration of _____ premium of \$ _____; and (b) effective on shipments and deliveries
 made on and after the date(s) indicated below; this Policy is amended to the following extent:

Coverage on the following named debtor(s) appearing in the Rider(s) indicated below is changed as follows:

DATE	RIDER NO.	RATING	DEBTOR	CHANGED FROM	TO
------	--------------	--------	--------	-----------------	----

Should loss on the above mentioned coverage(s) arise in part from: (a) shipments and deliveries made prior to the effective date(s) mentioned; and (b) shipments and deliveries made thereafter; the combined Gross Amount to be covered shall not exceed the amount(s) appearing above. However, so much of such loss that is on shipments made prior to the effective date (s) shall not be covered for more than would have been covered had this Rider not been issued.

Nothing contained herein shall be held to vary, alter, waive or extend any of the other terms or conditions of this Policy other than as stated above.

Authenticated:

 Secretary

 President

COFACE NORTH AMERICA INSURANCE COMPANY

MONTHLY REPORTING AND ADDITIONAL PREMIUM RIDER

By this Rider made part of Policy No.

it is agreed that as a condition precedent to coverage on any debtor qualifying for coverage under this Policy or any Rider made part thereof, coverage shall only attach provided:

That **you**, by the 15th of each month beginning , 20 until and including , 20 , shall have furnished **us** with a report of the amount of gross sales and shipments made during the previous month less allowances, returns, and exclusions permitted by this Policy. In connection with such monthly report, **you** will pay an additional monthly premium calculated on such sales and shipments reported as follows:

On the first \$2,000,000.00 sales reported as provided above, the premium rate is \$. per \$1,000.00. When the total aggregate amount of sales reported to **us**, as provided above, exceeds \$2,000,000.00, the premium rate is as follows:

From \$2,000,001. to \$4,000,000.	\$.	per \$1,000.00
Over \$4,000,000.	\$.	per \$1,000.00

Without verifying the sales reported, **we** will bill **you** for any additional sum due, subject to a minimum monthly premium of \$10.00, for this Rider and any other Rider which provides for monthly reports and monthly additional premiums. Approval Charges, hereinafter provided by this or any other Rider, are not subject to the combined monthly premium charge but are in addition thereto.

We will acknowledge receipt of each monthly additional premium paid. However: (a) **our** failure to verify the monthly report of sales; (b) **our** rendering to **you** of a bill for additional premium; (c) **your** payment of such bill; (d) **our** acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy or be a waiver by either **us** or **you** of any of the terms or conditions of this Policy.

You may, during the Policy Term, submit to **us** the names of debtors whose **governing rating** as to Capital and Credit, at the time submitted, be one shown in the Table of Ratings and Coverage governing under Condition 1 for the purpose of providing coverage in such debtors for an amount in excess of the amount provided on said **governing rating** in the Table of Ratings and Coverage. Any increased request shall be: (a) subject to **our** approval; and (b) if granted, the increased coverage shall be subject to cancellation. Confirmation of the coverage will be by Rider for attachment to this Policy. The increased coverage will be effective from the date of **your** request and thereafter during the Policy Term, unless cancelled, and while the **governing rating** of such debtor as to Capital and Credit be as specified in the issued Rider or a rating as high or higher as to both Capital and Credit according to the Table of Ratings and Coverage governing under Condition 1 of this Policy.

You will pay an Approval Charge of \$1.50 per \$1,000.00 of coverage approved on a debtor in excess of the amount provided on such debtor's **governing rating** in the Table of Ratings and Coverage governing under Condition 1, subject to a minimum Approval Charge of \$10.00. The Approval Charges for the preceding month's coverage(s) will be billed at the same time the bill for the monthly sales and shipments is rendered.

COFACE NORTH AMERICA INSURANCE COMPANY

Page 2

Upon written notice to **you**, **we** may cancel the amount of coverage granted on any debtor in excess of the amount of coverage applicable on the debtor's governing rating under the Table of Ratings and Coverage governing under Condition 1 of this Policy. In that event, the increased coverage therefore applicable shall terminate as to any shipment made to such debtor after receipt by **you** of the notice of cancellation.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR048-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE - RF

By this Rider made part of Policy No.

it is agreed that subject to the conditions and premium charge provided for under the MONTHLY REPORTING AND ADDITIONAL PREMIUM RIDER, coverage on shipments made by **you**, during the Policy Term, to a debtor named for coverage under this Rider, shall not be governed by Agency ratings as specified in Condition 1 of this Policy, or any other Rider, if any, made part of this Policy; but loss arising on such shipments shall, if otherwise coming within the terms and conditions of this Policy, be covered only under the provisions of this Rider. The gross amount covered on the total indebtedness of such debtor shall not exceed: (a) the total amount owing to **you** by such debtor as the date of **insolvency**; nor (b) the amount set opposite the name of such debtor.

You may, during the Policy Term: (a) submit the names of additional debtors for the purpose of providing Extraordinary Coverage on such debtors; or (b) request an increase in the coverage heretofore approved on a debtor under the provisions of this Rider. Any such request shall be subject to **our** approval. Confirmation of the approved coverage will be: (a) by Rider for attachment to this Policy; and (b) effective from the date of **your** request. **You** will pay an Approval Charge of \$1.50 per \$1,000.00 of coverage so approved, subject to a minimum of \$10.00 for each approval.

Coverage on debtors now approved or subsequently approved under this Rider shall only be applicable provided that by the 15th day of each month beginning with the month next following the beginning of the Policy Term up to and including the 15th day of the month immediately following the end of the Policy Term, **you** furnish **us** with a report of outstandings, for shipments will include the name, location and amount of indebtedness owing by every debtor approved for coverage under this Rider as at the end of the preceding month. In connection with such monthly report, **you** will pay an additional premium, as follows:

We will bill **you** for any additional premium due under this Rider at the rate of \$ per \$1,000.00 on the total amount owing as at the end of each month by all debtors approved for coverage under this Rider excluding: (a) all amounts owing by a debtor in excess of the amount approved on such debtor; (b) any amount owing by a debtor for shipments made after the effective date of cancellation of Extraordinary Coverage; and (c) any amount owing by a debtor that has been filed as claim under this Policy beyond the end of the month in which the claim is filed. The Approval Charges provided which are due **us** for the preceding month will also be billed to **you** at the same time and are not subject to the minimum monthly premium charge but are in addition thereto.

The Co-Insurance to be deducted from the net covered and proven losses as ascertained under Condition 6 on all debtors coming within the provisions of this Rider shall not be 10% as specified in Condition 6 of this Policy, but shall be %.

We may cancel coverage as to future shipments to any debtor approved for coverage under the provisions of this Rider upon giving written notice to **you**. In that event, the coverage granted on such debtor under the provisions of this Rider shall terminate as to any shipment such debtor after receipt by **you** of the notice of cancellation.

COFACE NORTH AMERICA INSURANCE COMPANY

Page 2

If coverage outside of the provisions of this Rider would ordinarily be available as to shipments made to the debtor thereafter, no such coverage shall apply while the debtor owes, subject to the provisions of this Rider, an amount equal to or in excess of the limit of coverage that would ordinarily have been available as to shipments made thereafter; however, if and when the amount owing, subject to the provisions of this Rider, is less than the limit of such coverage available after cancellation, coverage shall apply as to shipments made after cancellation. In that event, the gross amount covered on shipments made both prior to and subsequent to the date of cancellation shall not exceed the limit of coverage after cancellation.

The aggregate amount of net losses determined as coming within the provisions of this Rider shall be combined with the net amounts of all other losses under this Policy from which the Primary Loss shall be deducted in claim settlement under this Policy. This Rider shall, in all respects, have the same effect as if the provisions had been incorporated in the body of said Condition 6 of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR049-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

MONTHLY SUPPLEMENT RIDER

By this Rider made part of Policy No.

it is agreed that the ratings appearing in the latest monthly supplement sheet issued by the Agency in the Policy Declaration prior to the date of shipment shall, for the purpose of this Policy, be deemed and construed to be the **governing rating** applying to said shipment, the same as though it had appeared in the latest published rating book issued prior to the date of shipment.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

DELAY IN TRANSPORTATION RIDER

By this Rider made part of Policy No.

it is agreed that whereby reason of delay in transportation or in the inspection of the lumber at destination, **you** are required to extend the original terms of sale, such amended terms of sale shall be, for the purpose of this Policy, deemed and construed as the original terms of sale provided however, that such amended terms of sale shall not extend beyond 60 days from the original terms of sale.

Nothing contained herein shall be held to vary, alter, waive or extend the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

LUMBERMENS "6" RATINGS RIDER

By this Rider made part of Policy No.

it is agreed that coverage on debtors rated in Lumbermens Credit Associations, Inc. books, reports or supplements with the number "6" preceding the rating shall be reduced by 50% of the amount of coverage extended such rating in the Table of Ratings and Coverage governing under Condition 1 of this Policy or the "Available Coverage" Table in the Available Coverage Rider of this Policy.

Debtors with ratings preceded by the number "6" shall be construed to be "second credit" ratings for premium purposes.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

POLICY NUMBER:

TABLE OF RATINGS AND COVERAGE
GOVERNING UNDER CONDITION 1
(Dun & Bradstreet Inc.)

<u>FIRST CREDIT</u>			<u>SECOND CREDIT</u>		
CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED	CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
5A	1	\$NONE	5A	2	\$NONE
4A	1	\$NONE	4A	2	\$NONE
3A	1	\$NONE	3A	2	\$NONE
2A	1	\$NONE	2A	2	\$NONE
1A	1	\$NONE	1A	2	\$NONE
BA	1	\$NONE	BA	2	\$NONE
BB	1	\$NONE	BB	2	\$NONE
CB	1	\$NONE	CB	2	\$NONE
1R	2	\$NONE	2R	2	\$NONE
CC	1	\$NONE	CC	2	\$NONE
DC	1	\$NONE	DC	2	\$NONE
DD	1	\$NONE	DD	2	\$NONE
EE	1	\$NONE	EE	2	\$NONE
FF	1	\$NONE	FF	2	\$NONE
GG	1	\$NONE	GG	2	\$NONE
HH	1	\$NONE	HH	2	\$NONE

CR053-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

POLICY NUMBER:

TABLE OF RATINGS AND COVERAGE
GOVERNING UNDER CONDITION 1
(Dun & Bradstreet, Inc.)

FIRST CREDIT

CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
5A	1	\$
4A	1	\$
3A	1	\$
2A	1	\$
1A	2	\$
BA	1	\$
BB	1	\$
CB	1	\$
1R	1	\$
CC	1	\$
DC	1	\$
DD	1	\$
EE	1	\$
FF	1	\$
GG	1	\$
HH	1	\$

SECOND CREDIT

CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
5A	2	\$
4A	2	\$
3A	2	\$
2A	2	\$
1A	2	\$
BA	2	\$
BB	2	\$
CB	2	\$
2R	2	\$
DD	2	\$
DC	2	\$
DD	2	\$
EE	2	\$
FF	2	\$
GG	2	\$
HH	2	\$

THIRD CREDIT

CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
5A	3	\$
4A	3	\$
3A	3	\$
2A	3	\$
1A	3	\$
BA	3	\$
BB	3	\$
CB	3	\$
CC	3	\$
DC	3	\$
DD	3	\$
EE	3	\$
FF	3	\$

CR054-1
02/04 ED

COFACE NORTH AMERICA INSURANCE COMPANY

POLICY NUMBER:

TABLE OF RATINGS AND COVERAGE
GOVERNING UNDER CONDITION 1
(Lumbermen's Credit Association, Inc.)

<u>FIRST CREDIT</u>			<u>SECOND CREDIT</u>		
CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED	CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
5A+	1	\$NONE	5A+	2	\$NONE
5A	1	\$NONE	5A	2	\$NONE
4A+	1	\$NONE	4A+	2	\$NONE
5*	1	\$NONE	5*	2	\$NONE
4A	1	\$NONE	4A	2	\$NONE
3A+	1	\$NONE	3A+	2	\$NONE
3A	1	\$NONE	3A	2	\$NONE
4*	1	\$NONE	4*	2	\$NONE
2A+	1	\$NONE	2A+	2	\$NONE
2A	1	\$NONE	2A	2	\$NONE
1A+	1	\$NONE	1A+	2	\$NONE
3*	1	\$NONE	3*	2	\$NONE
1A	1	\$NONE	1A	2	\$NONE
AB	1	\$NONE	AB	2	\$NONE
B	1	\$NONE	B	2	\$NONE
C	1	\$NONE	C	2	\$NONE
2*	1	\$NONE	2*	2	\$NONE
1*	1	\$NONE	1*		
*L	1	\$NONE			

*THE TOTAL AMOUNT IN COVERED AND PROVED LOSSES FROM ACCOUNTS SHIPPED UNDER THE TABLE OF RATINGS AND COVERAGE GOVERNING UNDER CONDITION 1 FOR THE RATINGS L1 SHALL BE LIMITED TO AN AGGREGATE OF \$.

COFACE NORTH AMERICA INSURANCE COMPANY

POLICY NUMBER:

TABLE OF RATINGS AND COVERAGE
GOVERNING UNDER CONDITION 1
(The Jewelers Board of Trade)

<u>FIRST CREDIT</u>			<u>SECOND CREDIT</u>		
CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED	CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
5A	21	\$	5A	22	\$
4A	21	\$	4A	22	\$
3A	21	\$	3A	22	\$
2A	21	\$	2A	22	\$
1A	21	\$	1A	22	\$
A	31	\$	A	32	\$
B	31	\$	B	32	\$
C	31	\$	C	32	\$
D	31	\$	D	32	\$
E	31	\$	E	32	\$
F	31	\$	F	32	\$
G	41	\$	G	42	\$
H	41	\$	H	42	\$
J	41	\$	J	42	\$
K	51	\$	K	52	\$
L	51	\$	L	52	\$
M	51	\$	M	52	\$
N	61	\$	N	62	\$
O	61	\$	O	62	\$
P	61	\$	P	62	\$
Q	71	\$		41	\$
	21	\$			
	31	\$			

COFACE NORTH AMERICA INSURANCE COMPANY

Policy Number:

**TABLE OF RATINGS AND COVERAGE
GOVERNING UNDER CONDITION 1
(Produce Reporter Company)**

<u>FIRST CREDIT</u>			<u>SECOND CREDIT</u>		
CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED	CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
1000M & ABOVE	XXXX	\$	1000M & ABOVE	XXX	\$
750M TO 999M	XXXX	\$	750M TO 999M	XXX	\$
500M TO 749M	XXXX	\$	500M TO 749M	XXX	\$
300M TO 499M	XXXX	\$	300M TO 499M	XXX	\$
200M TO 299M	XXXX	\$	200M TO 299M	XXX	\$
125M TO 199M	XXXX	\$	125M TO 199M	XXX	\$
75M TO 124M	XXXX	\$	75M TO 124M	XXX	\$
50M TO 74M	XXXX	\$	50M TO 74M	XXX	\$
35M TO 49M	XXXX	\$	35M TO 49M	XXX	\$
20M TO 34M	XXXX	\$	20M TO 34M	XXX	\$
10M TO 19M	XXXX	\$	10M TO 19M	XXX	\$
5M TO 9M	XXXX	\$	5M TO 9M	XXX	\$

COFACE NORTH AMERICA INSURANCE COMPANY

POLICY NUMBER:

TABLE OF RATINGS AND COVERAGE
GOVERNING UNDER CONDITION 1
(Lyon Furniture Mercantile Agency)

FIRST CREDIT

SECOND CREDIT

CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED	CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
AAA	1	\$	AAA	2	\$
AA	1	\$	AA	2	\$
A	1	\$	A	2	\$
B	1	\$	B	2	\$
C	1	\$	C	2	\$
D	1	\$	D	2	\$
E	1	\$	E	2	\$
G	1	\$	G	2	\$
H	1	\$	H	2	\$
J	1	\$	J	2	\$
K	1	\$	K	2	\$
L	1	\$	L	2	\$
M	1	\$	M	2	\$
N	1	\$	N	2	\$
O	1	\$	O	2	\$
Q	1	\$	Q	2	\$
R	1	\$	R	2	\$
F	1 OR 2	\$	P	1 OR 2	\$

COFACE NORTH AMERICA INSURANCE COMPANY

MAXIMUM TO WHICH LIMIT OF COVERAGE MAY BE INCREASED
(Dun & Bradstreet, Inc.)

FIRST CREDIT

SECOND CREDIT

RATING	GROSS LIMIT	ANNUAL PREMIUM PER \$1,000	RATING	GROSS LIMIT	ANNUAL PREMIUM PER \$1,000
5A1	\$NONE	\$NONE	5A2	\$NONE	\$NONE
4A1	\$NONE	\$NONE	4A2	\$NONE	\$NONE
3A1	\$NONE	\$NONE	3A2	\$NONE	\$NONE
2A1	\$NONE	\$NONE	2A2	\$NONE	\$NONE
1A1	\$NONE	\$NONE	1A2	\$NONE	\$NONE
BA1	\$NONE	\$NONE	BA2	\$NONE	\$NONE
BB1	\$NONE	\$NONE	BB2	\$NONE	\$NONE
CB1	\$NONE	\$NONE	CB2	\$NONE	\$NONE
1R2	\$NONE	\$NONE	2R2	\$NONE	\$NONE
CC1	\$NONE	\$NONE	CC2	\$NONE	\$NONE
DC1	\$NONE	\$NONE	DC2	\$NONE	\$NONE
DD1	\$NONE	\$NONE	DD2	\$NONE	\$NONE
EE1	\$NONE	\$NONE	EE2	\$NONE	\$NONE
FF1	\$NONE	\$NONE	FF2	\$NONE	\$NONE
GG1	\$NONE	\$NONE	GG2	\$NONE	\$NONE
HH1	\$NONE	\$NONE	HH2	\$NONE	\$NONE

CR059-1
11/03 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

SUPPLEMENTAL COVERAGE RIDER

By this Rider made part of Policy No.

it is agreed that the Gross Amount Covered governing the coverage applicable to any one debtor under said Policy or any Rider made part thereof for shipments made on and after shall be increased by 20%. The Policy Amount and the limitations of any aggregates as stated in any Rider made part of said Policy shall remain as provided in the Policy or Riders made part of the Policy and shall not be increased by virtue of the provisions of this Rider.

In consideration of this Rider, **you** agree that the final ascertained premium due **us** for any Monthly Reports required by Riders made part of said Policy shall be increased 10%.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR060-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

MAXIMUM TO WHICH LIMIT OF COVERAGE MAY BE INCREASED
(Dun & Bradstreet, Inc.)

FIRST CREDIT

SECOND CREDIT

RATING	GROSS LIMIT	MONTHLY PREMIUM PER \$1,000	RATING	GROSS LIMIT	MONTHLY PREMIUM PER \$1,000
5A 1	\$	\$	5A 2	\$	\$
4A 1	\$	\$	4A 2	\$	\$
3A 1	\$	\$	3A 2	\$	\$
2A 1	\$	\$	2A 2	\$	\$
1A 1	\$	\$	1A 2	\$	\$
BA 1	\$	\$	BA 2	\$	\$
BB 1	\$	\$	BB 2	\$	\$
CB 1	\$	\$	CB 2	\$	\$
1R 2	\$	\$	2R 2	\$	\$
CC 1	\$	\$	CC 2	\$	\$
DC 1	\$	\$	DC 2	\$	\$
DD 1	\$	\$	DD 2	\$	\$
EE 1	\$	\$	EE 2	\$	\$
FF 1	\$	\$	FF 2	\$	\$
GG 1	\$	\$	GG 2	\$	\$
HH 1	\$	\$	HH 2	\$	\$

COFACE NORTH AMERICA INSURANCE COMPANY

MAXIMUM TO WHICH LIMIT OF COVERAGE MAY BE INCREASED
(Lumbermen's Credit Association, Inc.)

FIRST CREDIT

SECOND CREDIT

RATING	GROSS LIMIT	MONTHLY PREMIUM PER \$1,000	RATING	GROSS LIMIT	MONTHLY PREMIUM PER \$1,000
5A+ 1	\$	\$	5A+2	\$	\$
5A 1	\$	\$	5A 2	\$	\$
4A+ 1	\$	\$	4A+2	\$	\$
5* 1	\$	\$	5* 2	\$	\$
4A 1	\$	\$	4A 2	\$	\$
3A+ 1	\$	\$	3A+2	\$	\$
3A 1	\$	\$	3A 2	\$	\$
4* 1	\$	\$	4* 2	\$	\$
2A+ 1	\$	\$	2A+2	\$	\$
2A 1	\$	\$	2A 2	\$	\$
1A+ 1	\$	\$	1A+2	\$	\$
3* 1	\$	\$	3* 2	\$	\$
1A 1	\$	\$	1A 2	\$	\$
AB 1	\$	\$	AB 2	\$	\$
B 1	\$	\$	B 2	\$	\$
C 1	\$	\$	C 2	\$	\$
2* 1	\$	\$	2* 2	\$	\$
1* 1	\$	\$	1* 2	\$	\$
L 1	\$	\$			

CR062-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

SEPARATE PRIMARY LOSS RIDER

By this Rider made part of Policy No.

Issued to _____ of _____

It is agreed that a separate Primary Loss of \$ _____ will be deducted from the gross amount covered for _____. This Primary Loss will be (in addition to/exclusive of) the Primary Loss defined in this Policy and set forth in Condition 6.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary _____

President _____

COFACE NORTH AMERICA INSURANCE COMPANY

LABOR & SERVICE ENDORSEMENT

By this Rider made part of Policy No.
issued to of

it is hereby understood and agreed that charges for labor and services supplied by **you** during the sales period of this Policy, and for which invoices are rendered, shall for the purposes of this policy be deemed and treated the same as sales and shipments of merchandise, and the date of invoicing therefore shall be deemed and treated as the date of shipment. However, if at the date of a debtor's **insolvency**, there are such accrued charges not invoiced for, the amount of such charges shall be treated as a shipment made to the debtor on the day preceding the date of the debtor's **insolvency**.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR064-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

L1 ALTERNATE GOVERNING RIDER

By this Rider made part of Policy No.
issued to:
it is agreed that:

ACCOUNTS RATED L1 BY LUMBERMEN'S CREDIT ASSOCIATION, INC., AND RATED AS TO
CAPITAL BY DUN & BRADSTREET, INC., SHALL BE GOVERNED BY THE DUN & BRADSTREET
RATING FOR ANY COVERAGE IN EXCESS OF \$.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of
this Policy other than as stated above.

Authenticated:

Secretary

President

CR065-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

L1 AVAILABLE COVERAGE RIDER

By this Rider made part of Policy No. _____
issued to _____ of _____

it is agreed that **you** shall be privileged to submit for Available Coverage, accounts rated L1 and if approved for an amount in excess of the prepaid coverage shall be named on Available Coverage Rider No. _____ and shall be subject to all the provisions of monthly Available Coverage Rider No. _____ at the monthly premium rate of \$ _____ per thousand for each account reported in excess of \$ _____.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR066-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

ATTORNEY RIDER

By this Rider made part of Policy No.
issued to _____ of _____
it is agreed that:

Any claim against a debtor in the hands of an Attorney prior to **insolvency** need not be withdrawn from such Attorney but may continue to be handled by such Attorney provided **you** advise **us** at the time of filing Notification of Claim against the debtor and direct such Attorney to thereafter take instruction from **us** as to the future handling of such claim and further that **you** assume responsibility for all amounts collected by such Attorney and for the exercise of due diligence in the attention and proper handling of such accounts and shall obtain all amounts possible in salvage therefrom.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR067-1
02/04

COFACE NORTH AMERICA INSURANCE COMPANY

CONTINGENT INCREASE IN PRIMARY LOSS RIDER

By this Rider made part of Policy No.
issued to
of
it is agreed that:

In the event of the payment of an excess loss by **us** to **you** under Policy No. __- then and in that event the minimum **Primary Loss** under this Policy No. __- shall be increased by an amount equal to one half of the total excess loss paid by **us** to **you** in the settlement of Policy No. __- . Such additional **Primary Loss** shall be net of all amounts realized by **us** on or before the date of a settlement under this Policy No. __- and the Primary Loss Percentage referred to in the Policy Declaration shall be increased in conformity with the minimum **Primary Loss** ascertained following the increase as specified in the foregoing.

Nothing contained herein shall be held to vary, alter, waiver or extend any of the terms of conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

COVERAGE RESTRICTION RIDER

By this Rider made part of Policy No.
issued to
of
it is hereby understood and agreed that:

The coverage provided on shall apply to shipments and deliveries made through . However, it is understood and agreed that the coverage provided on will be reduced to effective if current fiscal of or interim is not received.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

COVERAGE LIMITATION RIDER

By this Rider made part of Policy No. _____
issued to _____ of _____

It is agreed that coverage provided on _____ shall be subject to the following condition(s):

The coverage shall only apply to shipments and deliveries made through _____.

It is agreed that coverage shall apply only to shipments made on terms of sale of _____ days. It is further agreed that if any shipment becomes 30 days past due, **you** will inform **us** in writing within 10 days thereafter and all future shipments thereafter shall not be covered, unless specifically approved by **us** in writing.

It is further agreed that the Construed Coverage Rider No. _____, Construed Term Rider No. _____, and Special Goods in Process or Undelivered Rider No. _____ shall not apply to the coverage.

From the total amount of any net covered and proven losses resulting from these accounts there shall be deducted _____ % as Co-Insurance.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

COVERAGE TERMINATION RIDER

By this Rider made part of Policy No.
issued to
of

It is agreed that coverage shall apply only to shipments and deliveries made on terms of sales days or less. It is further agreed that if the account of any debtor covered under this Policy becomes sixty (60) days past due, future shipments thereafter to that past due debtor shall not be covered. **You** will inform **us** in writing within 10 days when such accounts become sixty (60) days past due. If the debtor's account should subsequently be brought current, coverage will be reinstated for future shipments upon written notification to **us** of this event.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR074-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

COVERAGE TERMINATION RIDER

By this Rider made part of Policy No. _____ Ref. __- _____ issued to

It is agreed that coverage shall apply only to shipments and deliveries assigned to **you** or made by **you** on terms of sale of _____ days or less. It is further agreed that if the account of any debtor covered under this Policy becomes sixty (60) days past due, future shipments thereafter to that past due debtor shall not be covered. If the debtor's account should subsequently be brought current, coverage will be reinstated for future shipments upon written notification to **us** of this event for accounts specifically named in the Policy for reinstatement. No written notification is required for accounts not specifically named in the Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

FACTORING RIDER

By this Rider made part of Policy No.

it is agreed that merchandise shipped during the Policy Term by **your** clients, for whom **you** act as Factor, sold and delivered in good faith in the usual course of said clients business and from whom **you** purchased the accounts arising out of such sales, shall be considered, for the purposes of this Policy, the same as if said shipment were made by **you** provided however, that only accounts approved for credit by **you** shall be covered under this Policy. The gross amount covered in the event of the **insolvency** of the debtor owing for the merchandise from more than one of **your** clients shall be limited to the amount that would be covered had the debtor owed the combined amount to one client.

It is also agreed that sales, shipments, and deliveries made by **your** clients without the credit being approved by **you** and consequently at the risk of such clients, for whom **you** act as Factor, and losses arising therefrom, are to be excluded from the calculation of sales and losses in any claim settlement under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR076-1
02/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

RECOVERY CHARGES DEFINED

By this Rider made part of Policy No.
issued to _____ of _____
it is agreed that :

The term **Reimbursable recovery expenses** , appearing in the Definitions section and Condition 7 of the policy, is replaced with:

- (a) whenever recovery is effected, the charge to **you** will be _____ % on any and all recoveries received after **we** acknowledge receipt of **your** Notification of Claim form, and
- (b) whenever **you** file with **us** an account not **insolvent** as set forth in the DEFINITIONS section of **your** Policy, the filing is to be accompanied by a check, payable to **us**, equal to 5% of the gross amount of the filing but in no event more than \$ _____. This fee is in addition to the charges outlined in (a) above.
- (c) whenever **you** file with **us** an account against a debtor either under Condition 2 or 3 of this Policy, **you** authorize **us** to take any and all actions **we** deem necessary to effect recovery of the account.
- (d) remittance to **you** of funds collected on any account will be made within fifteen (15) days after the end of any calendar quarter,

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

Discretionary Credit Limit
Initial Shipment

By this Rider made part of Policy No _____ it is agreed that one shipment made by **you** to a debtor with whom **you** have not previously conducted business with on open account, dealing in **your** merchandise or using it in connection with, or incident to, an established business who at the date of shipment is not covered under any other Rider attached to this Policy, and is domiciled in a country listed below; shall be covered under this Policy, subject to its other terms and conditions but the gross amount to be covered on the account of any one such debtor shall be limited to the lesser of: (a) the amount owing to **you** at the date of **Insolvency**, and (b) \$ _____.

Within 15 days of the initial shipment, **you** must forward to **us** a credit agency report on the debtor, written by an approved credit reporting agency. The credit report must be dated within the 12 month period preceding the shipment. A written listing of approved credit reporting agencies is available upon request. Failure to submit the credit report in a timely manner shall void any coverage under this rider. Further, in order to qualify for coverage under this rider, **you** agree to take all reasonable and customary measures to prevent or minimize loss, including any measures which may be required by **us**.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be first deducted _____ thereof as Co-Insurance and the remainder, but in no event to exceed an aggregate coverage of \$ _____, shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in settlement of losses under this Policy.

Only shipments made to debtors located in a country appearing below in the Covered Countries List shall be eligible for coverage under this rider:

COVERED COUNTRY LIST

Premium shall be the total invoice price of goods and services sold and delivered to debtors eligible for coverage under this endorsement during the policy term, multiplied by the premium rate of _____. It is further agreed that **you** shall, by the last day of each month during the Policy Term, furnish a report of the amount of gross sales and shipments (less allowances, returns or exclusions permitted by this policy) made during the preceding month. If, at any time during the policy term, the cumulative of the actual premium amounts exceed the deposit premium, **you** will remit payment for the balance.

COFACE NORTH AMERICA INSURANCE COMPANY

However: (a) **our** failure to verify the monthly report of sales; (b) **our** rendering to **you** of a bill for additional premium; (c) **your** payment of such bill; (d) **our** acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy or be a waiver by either **you** or **us** of any of the terms or conditions of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

INTERIM CLAIM SETTLEMENT "A" RIDER

By this Rider made part of Policy No.

it is agreed that in order to receive claim settlements under this Policy prior to the final settlement, **you** may, at any time prior to the time fixed in this Policy for the filing of the Final Statement of Claim, file with **us** 3 Preliminary Statements of Claim for excess loss. **We** shall furnish **you** with blank forms upon request.

Within 90 days after **we** receive any such Preliminary Statements of Claim, **we** shall: (a) settle all **insolvent** accounts mentioned therein, in accordance with the provisions of Condition 6 of this Policy; and (b) immediately pay to **you** the amount of excess loss, if any, then found due.

No claim for loss shall be considered in any interim claim settlement under this Policy, unless the debtor is **insolvent**. Past due accounts filed for recovery shall not be considered prior to the final settlement under this Policy.

In no event shall the total net amount payable by **us** in all settlements made under this Policy exceed the Policy Amount.

If **we** pay **you**, in all interim settlements under this Policy, an amount in excess of the amount which would have been paid if the actual **Primary Loss** had been ascertainable at the time of such payment, **you** will at once refund such excess to **us**.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

INTERIM CLAIM SETTLEMENT "B" RIDER

By this Rider made part of Policy No.

it is agreed that in order to receive claim settlements under this Policy prior to the final settlement, **you** may, at any time prior to the time fixed in this Policy for the filing of the Final Settlement of Claim, file with **us** 3 Preliminary Statements of Claim for excess loss. **We** shall furnish you with blank forms upon request.

Within 90 days after **we** receive any such Preliminary Statements of Claim, **we** shall: (a) settle all accounts mentioned therein in accordance with the provisions of Condition 6 of this Policy; and (b) immediately pay to **you** the amount of excess loss, if any, then found due.

In no event shall the total net amount payable to **you** in all settlements made under this Policy exceed the Policy Amount.

If **we** pay **you**, in all interim settlements under this Policy, an amount in excess of the amount which would have been due if the actual **Primary Loss** had been ascertainable at the time of such payment, **you** will at once refund such excess to **us**.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

DISCRETIONARY CREDIT LIMIT

By this Rider made part of Policy No _____ it is agreed that shipments made by **you** to a debtor, dealing in **your** merchandise or using it in connection with, or incident to, an established business who at the date of shipment is not covered under any other Rider attached to this Policy; shall be covered under this Policy, subject to its other terms and conditions but the gross amount to be covered on the account of any one such debtor shall be limited to the amount owing to **you** at the date of **Insolvency** and shall also be limited to a maximum of \$ _____, subject to one of these requirements:

- 1) Prior to shipment, **you** must obtain a credit agency report on the debtor, written by an approved credit-reporting agency, which evidences the debtor's creditworthiness for the insured transaction. The credit report must be dated within the 12 month period preceding the shipment. A written listing of approved credit reporting agencies is available upon request, or
- 2) **You** must have had prompt repayment experience with the debtor for similar repayment terms and comparable amounts for the 12 month period prior to shipment. Prompt is defined as all amounts due from a debtor during the 12 month period prior to shipment have been received within 60 days of the original due date. Similar repayment terms are terms equivalent to the terms made within the preceding 12 months. Comparable amounts are shipments made under this section which do not exceed 150% of the highest amount owed at any one time and paid promptly within the preceding 12 month period.

As a condition precedent to coverage under this rider, **you** also agree to take all reasonable and customary measures to prevent or minimize loss, including any measures which may be required by **us**.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be first deducted _____ thereof as Co-Insurance and the amount remaining, but in no event to exceed an aggregate coverage of \$ _____, shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in settlement of losses under this Policy.

Only shipments made to debtors located in a country appearing below in the Covered Countries List shall be eligible for coverage under this rider:

COVERED COUNTRY LIST

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

#

Discretionary Credit Limit - Reporting Form

By this Rider made part of Policy No

it is agreed that shipments made by **you** to a debtor, dealing in **your** merchandise or using it in connection with, or incident to, an established business who at the date of shipment is not covered under any other Rider attached to this Policy; shall be covered under this Policy, subject to its other terms and conditions but the gross amount to be covered on the account of any one such debtor shall be limited to the amount owing to **you** at the date of **Insolvency** and shall also be limited to a maximum of \$ _____, subject to one of these requirements:

- 1) Prior to shipment, **you** must obtain a credit agency report on the debtor, written by an approved credit reporting agency, which evidences the buyer's creditworthiness for the insured transaction. The credit report must be dated within the 12 month period preceding the shipment. A written listing of approved credit reporting agencies is available upon request, or
- 2) **You** must have had prompt repayment experience with the debtor for similar repayment terms and comparable amounts for the 12 month period prior to shipment. Prompt is defined as all amounts due from a debtor during the 12 month period prior to shipment have been received within 60 days of the original due date. Similar repayment terms are terms equivalent to the terms made within the preceding 12 months. Comparable amounts are shipments made under this section which do not exceed 150% of the highest amount owed at any one time and paid promptly within the preceding 12 month period.

As a condition precedent to coverage under this rider, **you** also agree to take all reasonable and customary measures to prevent or minimize loss, including any measures which may be required by **us**.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be first deducted _____ thereof as Co-Insurance and the amount remaining, but in no event to exceed an aggregate coverage of \$ _____, shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in settlement of losses under this Policy.

Only shipments made to debtors located in a country appearing below in the Covered Countries List shall be eligible for coverage under this rider:

COVERED COUNTRY LIST

Premium shall be due on the total invoice price of goods and services sold and delivered to debtors eligible for coverage under this endorsement during the policy term, multiplied by the premium rate of _____. It is further agreed that **you** shall, by the last day of each month, furnish a report of the amount of gross sales and shipments (less allowances, returns or exclusions permitted by this policy) made during the preceding month. If, at any time during the policy term, the cumulative amount of the actual premium exceeds the deposit premium, **you** will remit payment for the balance.

COFACE NORTH AMERICA INSURANCE COMPANY

CR083-1 03/04ED.

We will acknowledge receipt of each monthly additional premium paid. However: (a) **our** failure to verify the monthly report of sales; (b) **our** rendering to **you** of a bill for additional premium; (c) **your** payment of such bill; (d) **our** acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy or be a waiver by either **you** or **us** of any of the terms or conditions of this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR 083-1
03/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A" RIDER REPORTING FORM

By this Rider made part of Policy No.

It is agreed that any loss arising on shipments made by you, during the Policy Term, to a debtor named for coverage under this Rider, shall be subject to the conditions and premium charge outlined below in addition to the conditions set forth in this Policy.

COVERAGE

The gross amount to be covered on the account of any approved debtor shall be limited to the lesser of: (a) the amount owing **you** at the date of **Insolvency**; and (b) the amount set opposite the name of such debtor.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be deducted % thereof as Co-Insurance. The amount remaining shall be taken into account to compute the amount from which the Primary Loss shall be deducted in Claim Settlement under this Policy.

REPORTING AND PREMIUM

An agreed deposit premium shall be paid by you at the inception date of this policy. The actual premium shall be the total invoice price of goods and services sold and delivered to named debtors during the policy term, multiplied by the premium rate of .%. In no event shall the actual premium be less than the deposit premium. It is further agreed that you shall, by the last day of each month, furnish a report of the amount of gross sales and shipments (less allowances, returns or exclusions permitted by this policy) made during the preceding month. If, at any time during the policy term, the cumulative of the actual premium amounts exceed the deposit premium, you will remit payment for the balance.

We will acknowledge receipt of each monthly additional premium paid. However: (a) our failure to verify the monthly report of sales; (b) our rendering to you of a bill for additional premium; (c) your payment of such bill; (d) our acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy or be a waiver by either you or us of any of the terms or conditions of this Policy.

In addition to the premium charge outlined above, you will pay an Approval Charge of \$65 for each debtor approved for coverage under this Rider.

COFACE NORTH AMERICA INSURANCE COMPANY

ADDITIONAL/INCREASED COVERAGE

You may, during the Policy Term, submit to us the names of debtors for the purpose of providing additional coverage in excess of the amount previously approved or for new coverage. Any increased/new coverage shall be: (a) subject to our approval; and (b) if granted, subject to cancellation as set forth hereafter. Confirmation of the increased/new coverage will be by Rider for attachment to this Policy. The increased/new coverage will be effective from the date of your request and thereafter during the Policy Term.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR 084-1
03/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

L RIDER

By this Rider made part of Policy No _____ it is agreed that shipments made by **you** to a debtor, dealing in **your** merchandise or using it in connection with, or incident to, an established business who at the date of shipment is not covered under any other Rider attached to this Policy, and is domiciled in a country listed below; shall be covered under this Policy, subject to its other terms and conditions but the gross amount to be covered on the account of any one such debtor shall be limited to the amount owing to **you** at the date of **Insolvency** and shall also be limited to \$ _____

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be first deducted _____ thereof as Co-Insurance and the amount remaining, but in no event to exceed an aggregate coverage of \$ _____, shall be taken into account to compute the amount from which the Primary Loss shall be deducted in settlement of losses under this Policy.

Only shipments made to debtors located in a country appearing below in the Covered Countries List shall be eligible for coverage under this rider:

COVERED COUNTRY LIST

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

L RIDER

By this Rider made part of Policy No. Ref. No. issued to

it is agreed that shipments assigned to you or made by **you** to debtor, dealing in merchandise or using it in connection with, or incident to, an established business who at the date of shipment: (a) has no **governing rating** to which coverage is assigned in the Policy Declaration; nor (b) is covered under any other Rider attached to this Policy; shall be covered under this Policy, subject to its other terms and conditions but the gross amount to be covered on the account of any one such debtor shall be limited to the amount owing to **you** at the date of **Insolvency** and shall also be limited to \$

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be first deducted % thereof as Co-Insurance and the amount remaining, but in no event to exceed an aggregate coverage of \$, shall be taken into account to compute the amount from which the Primary Loss shall be deducted in settlement of losses under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR 086-1
03/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A" RIDER - POLITICAL RISK
REPORTING FORM

By this Rider made part of Policy No. _____ it is understood and agreed that:

For all debtors specifically named for coverage in the schedule attached and made a part of this Rider, and provided that the goods are shipped and delivered to the country shown as the debtor's location, the Exclusions section of the Policy is amended as follows:

Paragraphs (e), (j), (k) and (l) are deleted, and subject to the terms and conditions of this Rider the following causes of loss will be included for coverage, and shall hereafter be referred to as Political Risks:

1. Loss resulting from enemy attack by armed forces, to civil war, declared or de facto, to occupation whether total or partial by a foreign power, to riot, mutiny, revolution, or any enemy attack by a Foreign Government or sovereign power, or any action taken by a country or its allies in resisting such attacks; from a war, including civil war, hostilities, rebellion, insurrection, revolution, riot or civil commotion, excluding a war, declared or not, between any of the following powers: China, France, United Kingdom, United States of America, and the Federation of Russia, a war, declared or not, between the United States or Canada and the country of the debtor, or that where the risk is located.
2. Any measure or decision taken by the authorities of a country hindering the performance of the sale contract,
3. A moratorium decreed by the authorities of the debtor's country or by the authorities of a third country through which payment must be effected.
4. From political events or economic difficulties or legislative or administrative measures which prevent or delay the transfer of payment by the debtor or the guarantor.

This Rider only provides coverage for losses arising from Political Risks (as herein defined) attributable to the debtors specifically named in the schedule attached to this Endorsement. However, in addition to coverage for Political Risks, losses arising from the debtors named in the attached schedule also are covered by the insurance provided pursuant to any other section of the Policy and any other endorsement thereto.

For purposes of this Rider only, when the non-payment is due to delayed funds transfer **you** must produce documentation, satisfactory to **us**, from a financial institution evidencing payment in local currency and fulfillment of the formalities required by the authorities of the debtor's country for the transfer of funds before payment of the claim will be made by **us**.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be deducted _____ % thereof as Co-Insurance. The remainder shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

COFACE NORTH AMERICA INSURANCE COMPANY

In the event of a claim filing under Condition 3 of this policy, **we** shall ascertain the nature of the loss within 90 days of the claim filing. If the loss is from a political risk, **we** shall, within 180 days after **we** received any Preliminary or Final Statement of Claim, settle all accounts mentioned therein in accordance with all other provisions of Condition 6 of this Policy.

REPORTING AND PREMIUM

An agreed deposit premium shall be paid by **you** at the inception date of this policy. The actual premium shall be the total invoice price of goods and services sold and delivered to named debtors during the policy term, multiplied by the premium rate of . In no event shall the actual premium be less than the deposit premium. It is further agreed that **you** shall, by the last day of each month during the Policy Term, furnish a report of the amount of gross sales and shipments (less allowances, returns or exclusions permitted by this policy) made during the preceding month. If, at any time during the policy term, the cumulative of the actual premium exceeds the deposit premium, **you** will remit payment for the balance. However: (a) **our** failure to verify the monthly report of sales; (b) **our** rendering to **you** of a bill for additional premium; (c) **your** payment of such bill; (d) **our** acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy nor be a waiver by either **you** or **us** of any of the terms or conditions of this Policy.

In addition to the premium charge outlined above, **you** will pay an Approval Charge of \$50 for each debtor approved for coverage under this Rider.

ADDITIONAL/INCREASED COVERAGE

You may, during the Policy Term, submit to **us** the names of debtors for the purpose of providing additional coverage in excess of the amount previously approved or for new coverage. Any increased/new coverage shall be: (a) subject to our approval; and (b) if granted, subject to cancellation. Confirmation of the increased/new coverage will be by Rider for attachment to this Policy. The increased/new coverage will be effective from the date of **your** request and thereafter during the Policy Term.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

EXTRAORDINARY COVERAGE "A" RIDER
(INSOLVENCY ONLY)

By this Rider made part of Policy No.

It is agreed that Condition 2 of this Policy shall not apply to shipments made to debtors named in this Rider.

The gross amount to be covered on the account of any approved debtor shall be limited to the lesser of: (a) the amount owing to **you** at the date of **Insolvency**; and (b) the amount set opposite the name of such debtor.

From the total amount of the net covered and proven losses coming within the provisions of this Rider, there shall be deducted _____ % thereof as Co-Insurance. The remainder shall be taken into account to compute the amount from which the **Primary Loss** shall be deducted in Claim Settlement under this Policy.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR 088-1
03/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

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MONTHLY REPORTING AND ADDITIONAL PREMIUM RIDER

By this Rider made part of Policy No.

it is agreed that as a condition precedent to coverage on any debtor qualifying for coverage under this Policy or any Rider made part thereof, coverage shall only attach provided:

That **you**, by the 15th of each month beginning , 20 until and including , 20 , shall have furnished **us** with a report of the average outstanding balance of covered receivables during the previous month. In connection with such monthly report, **you** will pay an additional monthly premium calculated on such average outstanding balance reported as follows:

The premium rate is \$. per \$1,000.00.

Without verifying the average outstanding balances, **we** will bill **you** for any additional sum due, subject to a minimum monthly premium of \$10.00, for this Rider and any other Rider which provides for monthly reports and monthly additional premiums. Approval Charges, hereinafter provided by this or any other Rider, are not subject to the combined monthly premium charge but are in addition thereto.

We will acknowledge receipt of each monthly additional premium paid. However: (a) **our** failure to verify the monthly report of sales; (b) **our** rendering to **you** of a bill for additional premium; (c) **your** payment of such bill; (d) **our** acknowledgment of such payment; shall not be construed as a final determination of coverage under this Policy or be a waiver by either **us** or **you** of any of the terms or conditions of this Policy.

You may, during the Policy Term, submit to **us** the names of debtors whose **governing rating** as to Capital and Credit, at the time submitted, be one shown in the Table of Ratings and Coverage governing under Condition 1 for the purpose of providing coverage in such debtors for an amount in excess of the amount provided on said **governing rating** in the Table of Ratings and Coverage. Any increased request shall be: (a) subject to **our** approval; and (b) if granted, the increased coverage shall be subject to cancellation. Confirmation of the coverage will be by Rider for attachment to this Policy. The increased coverage will be effective from the date of **your** request and thereafter during the Policy Term, unless cancelled, and while the **governing rating** of such debtor as to Capital and Credit be as specified in the issued Rider or a rating as high or higher as to both Capital and Credit according to the Table of Ratings and Coverage governing under Condition 1 of this Policy.

You will pay an Approval Charge of \$1.50 per \$1,000.00 of coverage approved, subject to a minimum Approval Charge of \$10.00. The Approval Charges for the preceding month's coverage(s) will be billed at the same time the bill for the average outstanding balance is rendered.

Upon written notice to **you**, **we** may cancel the amount of coverage granted on any debtor in excess of the amount of coverage applicable on the debtor's governing rating under the Table of Ratings and Coverage governing under Condition 1 of this Policy. In that event, the increased coverage therefore applicable shall terminate as to any shipment made to such debtor after receipt by **you** of the notice of cancellation.

COFACE NORTH AMERICA INSURANCE COMPANY

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

L1 ALTERNATE GOVERNING RIDER

By this Rider made part of Policy No.
issued to:
it is agreed that:

ACCOUNTS RATED L1 BY LUMBERMEN'S CREDIT ASSOCIATION, INC., AND RATED AS TO
CAPITAL BY DUN & BRADSTREET, INC., SHALL BE GOVERNED BY THE DUN & BRADSTREET
RATING FOR ANY COVERAGE IN EXCESS OF \$.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of
this Policy other than as stated above.

Authenticated:

Secretary

President

COFACE NORTH AMERICA INSURANCE COMPANY

L1 AVAILABLE COVERAGE RIDER

By this Rider made part of Policy No.

issued to of

it is agreed that the insured shall be privileged to submit for available coverage, accounts rated L1 and if approved for an amount in excess of the prepaid coverage shall be named on available coverage Rider No. and shall be subject to all the provisions of monthly available coverage Rider No. at the monthly premium rate of \$ per thousand for each account reported in excess of \$.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR 091-1
03/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

POLICY NUMBER: Ref. -

Business:

Financial Institution:

TABLE OF RATINGS AND COVERAGE GOVERNING UNDER CONDITION 1 (Dun & Bradstreet Inc.)

<u>FIRST CREDIT</u>			<u>SECOND CREDIT</u>		
CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED	CAPITAL RATING	CREDIT RATING	GROSS AMOUNT COVERED
5A	1	\$NONE	5A	2	\$NONE
4A	1	\$NONE	4A	2	\$NONE
3A	1	\$NONE	3A	2	\$NONE
2A	1	\$NONE	2A	2	\$NONE
1A	1	\$NONE	1A	2	\$NONE
BA	1	\$NONE	BA	2	\$NONE
BB	1	\$NONE	BB	2	\$NONE
CB	1	\$NONE	CB	2	\$NONE
CC	1	\$NONE	CC	2	\$NONE
DC	1	\$NONE	DC	2	\$NONE
DD	1	\$NONE	DD	2	\$NONE
EE	1	\$NONE	EE	2	\$NONE
FF	1	\$NONE	FF	2	\$NONE
GG	1	\$NONE	GG	2	\$NONE
HH	1	\$NONE	HH	2	\$NONE
1R	2	\$NONE	2R	2	\$NONE

COFACE NORTH AMERICA INSURANCE COMPANY

DELAYED EFFECT OF CANCELLATION RIDER

By this Rider made part of Policy No.
issued to of

it is agreed that if we in any instance determine to exercise our right of cancellation of coverage under Policy , as to future shipments made to a debtor, and notice of such cancellation be given to you, such notice shall not affect any shipment made during the Policy term if made within days from the date of the receipt by you of said notice of cancellation. It is further agreed and understood that this delay in cancellation shall only apply to debtors with which there is an open contract in effect.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR093-1
03/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

CONDITIONAL EXEMPTION OF PRIMARY LOSS RIDER

By this Rider made part of Policy No. _____
it is agreed that the Primary Loss to be deducted, as provided in Condition 6 of this Policy, shall not be deductible, as therein provided, from any loss resulting from any shipment to a debtor whose governing rating at the date of shipment was any one of those shown below; and provided such governing rating be one included for coverage in the Table of Ratings and Coverage governing under Condition 1 of this Policy:

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR094-1
06/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

COFACE @RATING TABLE RIDER

COFACE @ Rating

Rating	Maximum Credit Limit	Unknown	Debtor Annual Sales				Premium Rate per M
			<\$500,000	\$500,001 to \$5 million	Between \$5 million and \$10 million	Greater \$10 million	
@@@@	\$ 200,000	\$ 3.00	\$ 4.50	\$ 3.00	\$ 2.25	\$ 1.50	
@@@	\$ 100,000	\$ 6.00	\$ 9.00	\$ 6.00	\$ 4.50	\$ 3.00	
@@	\$ 50,000	\$ 7.00	\$ 10.50	\$ 7.00	\$ 5.25	\$ 3.50	
@	\$ 25,000	\$ 14.00	\$ 21.00	\$ 14.00	\$ 10.50	\$ 7.00	
R	\$ 10,000	\$ 20.00	\$ 30.00	\$ 20.00	\$ 15.00	\$ 10.00	

Authenticated:

Secretary

President

CR095-1
07/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

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Dun & Bradstreet, Inc. Global Financial Stress Score

Risk Class	Marginal Score Range	Percentile Range	Failure Rate	Premium Rates Per M.
1	1539-1875	96-100	0.05%	\$ 3.00
	1519-1538	91-95	0.09%	\$ 3.00
	1504-1518	86-90	0.15%	\$ 5.00
	1490-1503	81-85	0.20%	\$ 5.00
	1478-1489	76-80	0.25%	\$ 6.00
	1467-1477	71-75	0.32%	\$ 7.50
	1458-1466	66-70	0.37%	\$ 10.00
	1449-1457	61-65	0.39%	\$ 12.00
	1441-1448	56-60	0.46%	\$ 15.00
	1433-1440	51-55	0.50%	\$ 15.00
	1424-1432	46-50	0.58%	\$ 15.00
	1414-1423	41-45	0.66%	\$ 15.00
	1406-1413	36-40	0.76%	\$ 16.00
	1399-1405	31-35	0.76%	\$ 17.50
2	1389-1398	26-30	0.94%	\$ 20.00
	1377-1388	21-25	1.12%	\$ 30.00
3	1367-1376	16-20	1.12%	\$ 40.00
	1353-1366	11-15	1.26%	\$ 50.00
4	1315-1352	6-10	3.30%	\$ 75.00
5	1226-1314	2-5	13.34%	\$ 250.00
5	1001-1225	0-1	35.80%	\$ 500.00

Accounts can be assigned by judgment rating to a higher or lower group based on additional information obtained which was not used by the mercantile agency in assigning its rating.

Wholly-owned subsidiaries can be assigned the rating of the parent corporation, with the resulting premium charge equal to 1.5 X the parent corporation's premium rate

COFACE NORTH AMERICA INSURANCE COMPANY

Authenticated:

Secretary

President

CR096-1
07/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

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Nationally Recognized Statistical Rating Organizations

Moody's Ratings	Standard & Poor's Rating	Fitch Ratings	Dominion Bond Rating Service	Premium Rates Per M.
Aaa	AAA	AAA	AAA	\$ 3.00
Aa1	AA+	AA+	AA High	\$ 5.00
Aa2	AA	AA	AA	\$ 5.00
Aa3	AA-	AA-	AA Low	\$ 7.50
A1	A+	A+	A High	\$ 10.00
A2	A	A	A	\$ 10.00
A3	A-	A-	A Low	\$ 10.00
Baa1	BBB+	BBB+	BBB High	\$ 15.00
Baa2	BBB	BBB	BBB	\$ 15.00
Baa3	BBB-	BBB-	BBB Low	\$ 20.00
Ba1	BB+	BB+	BB High	\$ 25.00
Ba2	BB	BB	BB	\$ 30.00
Ba3	BB-	BB-	BB Low	\$ 75.00
B1	B+	B+	B High	\$ 200.00
B2	B	B	B	\$ 250.00
B3	B-	B-	B Low	\$ 300.00
Caa-C	CCC-C	CCC-C	CCC-C	\$ 350.00

Based on Issuer or General Corporate Unsecured Ratings

Accounts can be assigned by judgment rating to a higher or lower rating based on additional information obtained which was not used by the rating agency in assigning its rating.

COFACE NORTH AMERICA INSURANCE COMPANY

Authenticated:

Secretary

President

CR097-1
07/04 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

ARKANSAS RIDER (DOMESTIC)

By this Rider made part of Policy No.

It is agreed that to comply with the laws of the State of Arkansas, this Policy shall be amended as follows:

CONDITIONS: 7—Disposal of Assigned Claims- is amended by the addition of the following:

Notwithstanding **Conditions** 6 and 7 and any other provision in the Policy to the contrary, **our** right to recover loss paid out under the Policy is subject to **your** right to be fully compensated under the Policy for loss.

CONDITIONS: 10 – General Provisions, Premium-, is deleted and replaced by the following:

Premium-

The premium for this Policy shall be paid by check to **our** order and shall accompany the application. **We** may, at **our** option, accept premium notes or premium agreements. If premium notes or premium agreements so accepted be paid at or before maturity, the premium for this Policy shall be construed as having been paid as of the date of such note or agreement.

If this Policy has been in effect for sixty (60) days or less and is not a renewal policy, **we** may cancel this Policy for any reason.

If this Policy has been in effect for more than sixty (60) days, or after the effective date of a renewal policy, **we** may only cancel the Policy for any of the following reasons:

- (1) nonpayment of premium;
- (2) fraud or material misrepresentation made by or with **your** knowledge in obtaining the Policy, continuing the Policy, or in presenting a claim under the Policy;
- (3) the occurrence of a material change in the risk that substantially increases any hazard insured against after Policy issuance;
- (4) nonpayment of membership dues in those cases in which the bylaws, agreements, or other legal instruments issuing the Policy require payment as a condition of the issuance and maintenance of the Policy; or
- (5) a material violation of a material provision of the Policy;

If **we** cancel this Policy for the reasons set forth in (1) above, **we** shall mail or deliver written notice of cancellation to you and any lienholder or loss payee named in the Policy stating when, not less than twenty (20) days thereafter, such cancellation shall be effective. If **we** cancel this Policy for any of the reasons set forth in (2) through (5) above, **we** shall mail or deliver written notice of cancellation to you and any lienholder or loss payee named in the Policy stating when, not less than twenty (20) days thereafter, such cancellation shall be effective. The notice of cancellation shall state the reason for cancellation. The mailing of such

COFACE NORTH AMERICA INSURANCE COMPANY

notice shall be sufficient notice and the effective date of cancellation stated in the notice shall become the end of the Policy Term.

If **we** decide not to renew this Policy, **we** shall mail or deliver written notice of the nonrenewal to you at least sixty (60) days prior to the end of the Policy Term.

Return of premium resulting from cancellation or reduction of coverage initiated by **us** will be returned on a pro-rata basis. Return of premium resulting from cancellation or reduction of coverage initiated by **you** will be returned on a short rate basis.

We will acknowledge the receipt of all Notification of Claim and Final Statement of Claim forms. Neither the acknowledgement nor the retention of Notifications of Claim or Final Settlement of Claim by **us**, shall be an admission of liability or a waiver by **us** of any terms or conditions of this Policy.

CONDITIONS: 10 – General Provisions, Representations & Warranties – is amended by deleting the words “and the premium paid shall be forfeited to **us**”.

CONDITIONS: 10 – General Provisions, Suit Against Us-, is amended by deleting the words “twelve (12) months” and replacing them with the words “the time allowed by law”.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR 001-1 (AR)
08/08 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

ARKANSAS RIDER (EXPORT)

By this Rider made part of Policy No.

It is agreed that to comply with the laws of the State of Arkansas, this Policy shall be amended as follows:

CONDITIONS: 7—Disposal of Assigned Claims- is amended by the addition of the following:

Notwithstanding **Conditions** 6 and 7 and any other provision in the Policy to the contrary, **our** right to recover loss paid out under the Policy is subject to **your** right to be fully compensated under the Policy for loss.

CONDITIONS: 10 – General Provisions, Premiums-, is deleted and replaced by the following:

Premiums-

The premium for this Policy shall be paid by check to **our** order and shall accompany the application. **We** may, at our option, accept premium notes or premium agreements. If premium notes or premium agreements so accepted be paid at or before maturity, the premium for this Policy shall be construed as having been paid as of the date of such note or agreement.

If this Policy has been in effect for sixty (60) days or less and is not a renewal policy, **we** may cancel this Policy for any reason.

If this Policy has been in effect for more than sixty (60) days, or after the effective date of a renewal policy, **we** may only cancel the Policy for any of the following reasons:

- (1) nonpayment of premium;
- (2) fraud or material misrepresentation made by or with **your** knowledge in obtaining the Policy, continuing the Policy, or in presenting a claim under the Policy;
- (3) the occurrence of a material change in the risk that substantially increases any hazard insured against after Policy issuance;
- (4) nonpayment of membership dues in those cases in which the bylaws, agreements, or other legal instruments issuing the Policy require payment as a condition of the issuance and maintenance of the Policy; or
- (5) a material violation of a material provision of the Policy;

If **we** cancel this Policy for the reason set forth in (1) above, **we** shall mail or deliver written notice of cancellation to **you** and any lienholder or loss payee named in the Policy stating when, not less than twenty (20) days thereafter, such cancellation shall be effective. If **we** cancel this Policy for any of the reasons set forth in (2) through (5) above, **we** shall mail or deliver written notice of cancellation to **you** and any lienholder or loss payee named in the Policy stating when, not less than twenty (20) days thereafter, such cancellation shall be effective. The notice of cancellation shall state the reason for cancellation. The mailing of such notice shall be sufficient notice and the effective date of cancellation stated in the notice shall become the end of the Policy Term.

COFACE NORTH AMERICA INSURANCE COMPANY

If **we** decide not to renew this Policy, **we** shall mail or deliver written notice of the nonrenewal to **you** at least sixty (60) days prior to the end of the Policy Term.

Return of premium resulting from cancellation or reduction of coverage initiated by **us** will be returned on a pro-rata basis. Return of premium resulting from cancellation or reduction of coverage initiated by **you** will be returned on a short rate basis.

CONDITIONS: 10 – General Provisions, Representations & Warranties – is amended by deleting the words “and the premium paid shall be forfeited to **us**”.

CONDITIONS: 10 – General Provisions, Suit Against Us-, is amended by deleting the words “twelve (12) months” and replacing them with the words “the time allowed by law”.

Nothing contained herein shall be held to vary, alter, waive or extend any of the terms or conditions of this Policy other than as stated above.

Authenticated:

Secretary

President

CR 002-1 (AR)
08/08 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

ARKANSAS POLICYHOLDER NOTICE (DOMESTIC)

IMPORTANT NOTICE TO ALL ARKANSAS POLICYHOLDERS:

In the event of a complaint, please contact us at:

***Coface North America Insurance Company
Windsor Corporate Park
50 Millstone Road, Bldg. 100, Ste. 360
East Windsor, NJ 08520-1414
Fax No.: 1 (609) 490-1579***

If you have been unable to contact or obtain satisfaction from the Insurer, you may contact the Arkansas Department of Insurance to obtain information or make a complaint at:

***Arkansas Insurance Department
Consumer Services Division
1200 W. 3rd Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640 or (800) 852-5494***

CR 003-1 (AR)
08/08 ED.

COFACE NORTH AMERICA INSURANCE COMPANY

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ARKANSAS POLICYHOLDER NOTICE (EXPORT)

IMPORTANT NOTICE TO ALL ARKANSAS POLICYHOLDERS:

In the event of a complaint, please contact us at:

***Coface North America Insurance Company
Windsor Corporate Park
50 Millstone Road, Bldg. 100, Ste. 360
East Windsor, NJ 08520-1414
Fax No.: 1 (609) 490-1579***

If you have been unable to contact or obtain satisfaction from the Insurer, you may contact the Arkansas Department of Insurance to obtain information or make a complaint at:

***Arkansas Insurance Department
Consumer Services Division
1200 W. 3rd Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640 or (800) 852-5494***

CR 004-1 (AR)
08/08 ED.

SERFF Tracking Number: TSMP-125805602 *State:* Arkansas
Filing Company: Coface North America Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: 01-AR-COF-CLASSIC(F)
TOI: 28.0 Credit *Sub-TOI:* 28.0003 Personal Property
Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TSMP-125805602 State: Arkansas
Filing Company: Coface North America Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 01-AR-COF-CLASSIC(F)
TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/10/2008

Comments:

Attachments:

Arkansas Form 777.pdf
Arkansas Form Filing Schedule.pdf

Satisfied -Name: Authorization Letter **Review Status:** Approved 10/10/2008

Comments:

Attachment:

Authorization Letter.pdf

Satisfied -Name: Filing Memoranda **Review Status:** Approved 10/10/2008

Comments:

Attachments:

Classic Supplemental Filing Memorandum D.pdf
Classic Supplemental Filing Memorandum DA.pdf
Classic Supplemental Filing Memorandum E.pdf
Classic Supplemental Filing Memorandum EA.pdf

Satisfied -Name: Rider Listing **Review Status:** Approved 10/10/2008

Comments:

Attachment:

Arkansas Rider Listing.pdf

Satisfied -Name: Forms Index **Review Status:** Approved 10/10/2008

Comments:

SERFF Tracking Number: *TSMP-125805602* *State:* *Arkansas*
Filing Company: *Coface North America Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *01-AR-COF-CLASSIC(F)*
TOI: *28.0 Credit* *Sub-TOI:* *28.0003 Personal Property*
Product Name: *Coface North America Insurance Company Classic Trade Credit Insurance Program*
Project Name/Number: *Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)*

Attachment:

Arkansas Forms Index.pdf

SERFF Tracking Number: TSMP-125805602 State: Arkansas
Filing Company: Coface North America Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 01-AR-COF-CLASSIC(F)
TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
Product Name: Coface North America Insurance Company Classic Trade Credit Insurance Program
Project Name/Number: Classic Trade Credit Insurance Program/01-AR-COF-CLASSIC (F)

Satisfied -Name: Cover Letter **Review Status:** Approved 10/10/2008
Comments:
Attachment:
Arkansas Cover Letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
N/A	0000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Coface North America Insurance Company	MA	31887	20-0527783	N/A

5. Company Tracking Number	01-AR-COF-CLASSIC (F)
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carrie E. Cope Tressler, Soderstrom, Maloney & Priess, LLP 233 South Wacker , Suite 2200 Chicago, Illinois 60606	Attorney at Law	(312) 327-4188	(312) 627-1717	ccope@tsmp.com
	7. Signature of authorized filer		<i>Carrie E. Cope</i>		
	8. Please print name of authorized filer		Carrie E. Cope		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	28.0 Credit
10. Sub-Type of Insurance (Sub-TOI)	28.3 Personal Property
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Classic Trade Credit Insurance Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/23/2008 Renewal:

15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	09/23/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	01-AR-COF-CLASSIC (F)
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Per Llyweyla at the Arkansas Insurance Department, this filing should be filed under the TOI of Credit-Commercial Property. Because SERFF does not allow this selection, we have been instructed to file under Credit- Personal Property.

Tressler, Soderstrom, Maloney & Priess, LLP is submitting the above referenced Program for your review on behalf of Coface North America Insurance Company. This filing is the introduction of a new program providing trade credit insurruance coverage for outstanding debts owed to companies by private buyers.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
--

Check #: Electronic Funds Transfer

Amount: 50.00

We are submitting an electronic funds transfer in the amount of \$50.00 as we understand all filings submitted should include a \$50.00 filing fee.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #		01-AR-COF-CLASSIC (F)		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
1	Policy of Credit Insurance – Policy Number DA	DA-1 (Ed. 03/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
2	Policy of Credit Insurance – Policy Number D	D-1 (Ed. 03/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
3	Policy of Export Credit Insurance – Policy Number E	E-1 (Ed. 03/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
4	Policy of Export Credit Insurance – Policy Number EA	EA-1 (Ed. 03/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
5	Credit Insurance – New Business Application	AD-1 (Ed. 02/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
6	Credit Insurance – Renewal Application	AR-1 (Ed. 02/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
7	Export Credit Insurance Application	AE-1 (Ed. 02/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
8	Policy Declaration	DPD-1 (Ed. 02/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
9	Policy Declaration	DPE-1 (Ed. 02/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
10	Additional Policy Declaration	DPP-1 (Ed. 02/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
11	Policy Declaration	DPA-1 (Ed. 02/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
12	Coverage Change C Rider	CR001-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
13	Additional Debtors Included for Coverage Under Rider	CR002-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A

14	Advertising Rider	CR003-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
15	Alternate Governing Agency Rider (D)	CR004-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
16	Alternate Available Coverage on Ratings (Monthly) Rider (D)	CR005-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
17	Amendment of Condition 5 Rider	CR006-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
18	Amended Table of Ratings & Coverage Rider (D)	CR007-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
19	Debtors Approved for Coverage Under The (Variable) Rider	CR008-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
20	Cancellation of Coverage Rider	CR009-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
21	Collateral Benefit A Rider	CR010-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
22	Collateral Benefit B Rider	CR011-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
23	Conformity Back Sales Rider	CR012-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
24	Conditional Back Sales Rider	CR013-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
25	Conditional Exemption of Co-Insurance A Rider (D)	CR014-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
26	Conditional Exemption of Co-Insurance B Rider	CR015-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
27	Consignment Rider	CR016-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
28	Construed Coverage Rider	CR017-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
29	Construed Terms (NB) Rider	CR018-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
30	Construed Terms (RE) Rider	CR019-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A

31	Excluded Sales Rider	CR020-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
32	Excluded Sales Rider (PBI)	CR021-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
33	Extended Term N Rider	CR022-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
34	Included Sales Rider	CR023-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
35	Included Sales Rider (PBI)	CR024-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
36	Insolvency Only Rider (D)	CR025-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
37	Interim Claim Settlement A Rider	CR026-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
38	Interim Claim Settlement B Rider	CR027-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
39	L Rider	CR028-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
40	Optional Increase of Coverage Rider (D)	CR029-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
41	Optional Handling Rider	CR030-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
42	Rating Change Coverage Continued Rider (D)	CR031-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
43	Special Goods in Process or Undelivered Rider	CR032-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
44	Special Terms of Sales Rider	CR033-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
45	Extraordinary Coverage A Rider	CR035-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
46	Extraordinary Coverage A Rider (Export)	CR036-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
47	Extraordinary Coverage A Rider (Insolvency Only) (E)	CR037-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A

48	Extraordinary Coverage A Rider (D)	CR038-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
49	Extraordinary Coverage A Rider (Political Risk) (E)	CR039-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
50	Extraordinary Coverage A Rider (Insolvency Only) Reporting Form	CR040-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
51	Extraordinary Coverage B Rider (D)	CR041-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
52	Coverage Change A Rider	CR042-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
53	Available Coverage Rider (D)	CR043-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
54	Coverage Change B Rider (D)	CR044-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
55	Monthly Coverage Rider (D)	CR045-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
56	Available Increased Coverage Rider (D)	CR046-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
57	Coverage Change D Rider (D)	CR047-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
58	Monthly Reporting and Additional Premium Rider	CR048-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
59	Extraordinary Coverage RF Rider (D)	CR049-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
60	Monthly Supplement Rider	CR050-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
61	Delay in Transportation Rider (D)	CR051-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
62	Lumbermens 6 Rating Rider (D)	CR052-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
63	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet) (D)	CR053-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
64	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet) (D)	CR054-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A

65	Table of Ratings & Coverage Governing under Condition 1 (Lumbermens Credit Association Inc) (D)	CR055-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
66	Table of Ratings & Coverage Governing under Condition 1 (The Jewelers Board of Trade) (D)	CR056-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
67	Table of Ratings & Coverage Governing under Condition 1 (Produce Reporter Company) (D)	CR057-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
68	Table of Ratings & Coverage Governing under Condition 1 (Lyon Furniture Mercantile Agency) (D)	CR058-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
69	Maximum to Which Limit of Coverage May Be Increased (Dun & Bradstreet Inc) (D)	CR059-1 (11/03 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
70	Supplemental Coverage Rider	CR060-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
71	Maximum to Which Limit of Coverage May Be Increased (Dun & Bradstreet Inc) (D)	CR061-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
72	Maximum to Which Limit of Coverage May Be Increased (Lumbermens Credit Association Inc) (D)	CR062-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
73	Separate Primary Loss Rider	CR063-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
74	Labor & Service Endorsement	CR064-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
75	L1 Alternate Governing Rider (D)	CR065-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
76	L1 Available Coverage Rider (D)	CR066-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
77	Attorney Rider	CR067-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
78	Contingent Increase in Primary Loss Rider	CR070-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
79	Coverage Restriction Rider	CR071-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
80	Coverage Limitation Rider	CR072-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A

81	Business Partner Farud Endorsement Schedule #1	CR073-1 (2/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
82	Coverage Termination Rider	CR074-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
83	Coverage Termination Rider	CR075-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
84	Factoring Rider	CR076-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
85	Recovery Charges Defined	CR077-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
86	Discretionary Credit Limit (Initial Shipment) (E)	CR078-1 (02/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
87	Interim Claim Settlement A Rider (E)	CR080-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
88	Interim Claim Settlement B Rider (E)	CR081-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
89	Discretionary Credit Limit (E)	CR082-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
90	Discretionary Credit Limit (Reporting Form) (E)	CR083-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
91	Extraordinary Coverage A Rider (Reporting Form) (E)	CR084-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
92	L Rider (E)	CR085-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
93	L Rider	CR086-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
94	Extraordinary Coverage A Rider (Political Risk-Reporting Form) (E)	CR087-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
95	Extraordinary Coverage A Rider (Insolvency Only) (E)	CR088-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
96	Monthly Reporting and Additional Premium Rider	CR089-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
97	L1 Alternate Governing Rider (D)	CR090-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A

98	L1 Available Coverage Rider (D)	CR091-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
99	Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet) (E)	CR092-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
100	Delayed Effect of Cancellation Rider	CR093-1 (03/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
101	Conditional Exemption of Primary Loss Rider (D)	CR094-1 (06/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
102	Table of Ratings & Coverage governing under Condition 1 (Coface @ Rating) (D)	CR095-1 (07/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
103	Table of Ratings & Coverage governing under Condition 1 (Dun & Bradstreet Inc. Global Financial Stress Scores) (D)	CR096-1 (07/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
104	Table of Ratings & Coverage governing under Condition 1 (Nationally Recognized Statistical Rating Organizations) (D)	CR097-1 (07/04 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
105	Arkansas Rider (Domestic)	CR001-1 (AR) (08/08 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
106	Arkansas Rider (Export)	CR002-1 (AR) (08/08 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
107	Arkansas Policyholder Notice (Domestic)	CR003-1 (AR) (08/08 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A
108	Arkansas Policyholder Notice (Export)	CR004-1 (AR) (08/08 Ed.)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Withdrawn	N/A	N/A

PC FFS -1

coface **NORTH AMERICA** 

Friedrich von Krusenstiern
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April 1, 2004

To Whom It May Concern:

Re: Letter of Authorization for Tressler, Soderstrom, Maloney & Priess
Trade Credit Insurance Program

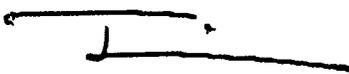
I, Friedrich von Krusenstiern, am a duly appointed authorized officer of Coface North America Insurance Company ("Coface"). This letter authorizes Tressler, Soderstrom, Maloney & Priess and Carrie E. Cope to file the above-reference filing on behalf of Coface and to respond to any inquiries raised in connection with the filing of the program.

Please direct all inquiries and correspondence regarding this filing to:

Carrie E. Cope
Tressler, Soderstrom, Maloney & Priess
Sears Tower, 22nd Floor
233 South Wacker Drive
Chicago, IL 60606-6308

Thank you for your assistance. Please contact me if you have any comments or questions regarding this authorization.

Sincerely yours,


Friedrich von Krusenstiern
General Counsel & Secretary

Coface North America Insurance Company
Classic Trade Credit Insurance
Filing Memorandum- D Policy

The enclosed riders are to be used with Trade Credit Insurance Policy D which provides domestic trade credit insurance coverage and services. The term domestic being the United States, its territories and Canada. The riders apply to sales made by the insured to domestic buyers listed in the Policy. The Program provides coverage for losses incurred by the policyholder due to insolvency of a domestic buyer which occurs during the policy term. The riders allow for, among other things, flexibility in establishing debtor ratings, coverage limits and shipment periods.

Coface North America Insurance Company
Classic Trade Credit Insurance
Filing Memorandum- DA Policy

The enclosed riders are to be used with Trade Credit Insurance Policy DA which provides domestic trade credit insurance coverage and services. The term domestic being the United States, its territories and Canada. The Program provides coverage for losses incurred by a policyholder due to insolvency of a domestic buyer. The Program provides coverage to a policyholder for sales made to a domestic buyer for a one year period. The riders allow for, among other things, flexibility in establishing debtor ratings, coverage limits and shipment periods.

Coface North America Insurance Company
Classic Trade Credit Insurance
Filing Memorandum- E Policy

The enclosed riders are to be used with Trade Credit Insurance Policy E which provides export trade credit insurance coverage and services. The riders apply to sales made by the insured to debtor entities outside the U.S., its possessions and Canada. The Program provides coverage for losses incurred by the policyholder due to insolvency of a debtor entity which occurs during the policy term. The riders allow for, among other things, flexibility in establishing debtor ratings, coverage limits and shipment periods. The Program is marketed to small and mid-sized companies because the policy and its riders provide a certain level of credit management support.

Coface North America Insurance Company
Classic Trade Credit Insurance
Filing Memorandum- EA Policy

The enclosed riders are to be used with Trade Credit Insurance Policy EA which provides export trade credit insurance coverage and services. The riders apply to sales made by the insured to debtor entities outside the U.S., its possessions and Canada. The Program is a risk attaching policy which provides insurance coverage to a policyholder for losses incurred due to insolvency of a debtor entity on sales made for a one year period. The riders allow for, among other things, flexibility in establishing debtor ratings, coverage limits and shipment periods. The Program is marketed to small and mid-sized companies because the policy and its riders provide a certain level of credit management support.

Coface North America Insurance Company

Credit Insurance Policy Riders – Except where specifically noted all riders will be used for both EA, E, D and DA policies. (D) denotes a rider will be utilized exclusively for D and DA policies and (E) denotes a rider will be utilized exclusively for E and EA policies.

1. **CR001-1 Coverage Change C Rider** – allows an insured to add debtors on to the policy for coverage after the inception of the Policy.
2. **CR002-1 Additional Debtors Included for Coverage Under Rider #** - provides the Company with additional space for listing approved debtors when an insured has a substantial number of debtors named for coverage (more than 1 page).
3. **CR003-1 Advertising Rider** – used to define dates of shipment and coverage when an insured provides advertising services as opposed to selling a physical product.
4. **CR004-1 Alternate Governing Agency Rider (D)**– provides an alternative governing agency for coverage when an insured deals in a product that has its own governing mercantile agency.
5. **CR005-1 Alternate Available Coverage on Ratings (Monthly) Rider (D)**– allows us to provide flexible coverage for an insured on a monthly basis where their needs require monthly changes in coverage limits.
6. **CR006-1 Amendment of Condition 5 Rider** – allows the Company to extend the time within which an insured needs to submit its Final Statement of Claim form due to extenuating circumstances.
7. **CR007-1 Amended Table of Ratings & Coverage Rider (D)** – Permits the Company to grant coverage on debtors by name above the amount shown in the Table of Ratings & Coverage.
8. **CR008-1 Debtors Approved for Coverage Under The (Variable) Rider** – Provides the Company with a place to list debtors who have been approved for coverage under the Amended Tables of Ratings & Coverage Rider, Extraordinary Coverage A or B Riders.
9. **CR009-1 Cancellation of Coverage Rider** – Confirms to the Insured the names of debtors on whom the insured has requested the coverage be cancelled.
10. **CR010-1 Collateral Benefit A Rider** – allows the Company to extend specific policy rights, including the right to submit & settle claims, to an insured's bank or finance company.
11. **CR011-1 Collateral Benefit B Rider** – confirms that any loss due under the policy is paid to the insured's bank.
12. **CR012-1 Conformity Back Sales Rider** – extends the coverage afforded under the policy to include shipments made by the insured during the preceding year. Used on a renewal policy.
13. **CR013-1 Conditional Back Sales Rider** – extends the coverage afforded under the policy to include current shipments the prospect made at the time of application. Used on new business applications.
14. **CR014-1 Conditional Exemption of Co-Insurance A Rider (D)** – eliminates co-insurance from the calculation of a loss when the shipments making up the loss

- qualify for coverage by virtue of the debtor's governing rating at the time of shipment.
15. **CR015-1 Conditional Exemption of Co-Insurance B Rider** – eliminates co-insurance from the calculation of any loss under the policy.
 16. **CR016-1 Consignment Rider** – defines the date of shipment for transactions made on a consignment basis as opposed to open account.
 17. **CR017-1 Construed Coverage Rider** – extends the coverage afforded by the policy by a specified number of days when coverage on a particular debtor has been cancelled due to the debtor's deteriorating financial condition.
 18. **CR018-1 Construed Terms (NB) Rider** – allows us to standardize a policyholder's terms of sale to make it simpler for them to submit past due claims. The NB version of the rider is used for new business applications and specifies that the change in terms applies to shipments made after the inception of the policy.
 19. **CR019-1 Construed Terms (RE) Rider** – same as above but is used on renewal policies.
 20. **CR020-1 Excluded Sales Rider** – allows the insured to exclude sales made to certain accounts from coverage. It is used when the insured feels comfortable assuming the credit risk of a particular debtor or debtors.
 21. **CR021-1 Excluded Sales Rider (PBI)** – limits coverage under the policy to those sales and shipments processed through and funded by a bank under the Business Manager Program.
 22. **CR022-1 Extended Term N Rider** – used to extend the term of a policy when the company deems it appropriate as a result of extenuating circumstances of the insured.
 23. **CR023-1 Included Sales Rider** – allows the insured to include additional trade styles or firm names for coverage when an insured does business under more than one name.
 24. **CR024-1 Included Sales Rider (PBI)** – specifies the particular merchant whose sales are covered under the policy.
 25. **CR025-1 Insolvency Only Rider (D)** – limits coverage under the policy at the insured's request only to debtors who become insolvent during the policy term. Eliminates coverage on past due accounts.
 26. **CR026-1 Interim Claim Settlement A Rider** – allows the insured to receive payment under the policy during the policy term for claims against insolvent debtors.
 27. **CR027-1 Interim Claim Settlement B Rider** – allows the insured to receive payment under the policy during the policy term for any claims submitted.
 28. **CR028-1 L Rider (D)** – provides limited coverage to debtors who are not covered by their governing rating or named specifically for coverage in the policy.
 29. **CR029-1 Optional Increase of Coverage Rider (D)** – allows the insured to request increased coverage on debtors above the amount approved in the Table of Ratings & Coverage appearing in their particular policy.
 30. **CR030-1 Optional Handling Rider** – allows the insured the option to handle the collection of insolvent accounts themselves as opposed to having the Company handle the account.
 31. **CR031-1 Rating Change Coverage Continued Rider (D)** – allows the Company to continue coverage on a debtor after their governing rating has changed to one on which no coverage is given.

32. **CR032-1 Special Goods in Process or Undelivered Rider** – extends coverage for an insured to goods that have been manufactured but not yet shipped to the debtor at the time the debtor becomes insolvent.
33. **CR033-1 Special Terms of Sales Rider** – extends coverage under the policy to shipments made by an insured to a selected group of debtors on terms of sale longer than their normal terms granted.
34. **CR035-1 Extraordinary Coverage A Rider (D)** – provides the insured with coverage on debtors specifically by name, irrespective of their mercantile agency rating at the time of shipment.
35. **CR036-1 Extraordinary Coverage A Rider (Export) (E)** – provides the insured with coverage on export debtors specifically by name.
36. **CR037-1 Extraordinary Coverage A Rider (Insolvency Only) (E)** – same as CR036-1 except coverage is limited to debtors who become insolvent.
37. **CR038-1 Extraordinary Coverage A Rider (D)** – similar to CR035-1 but is used specifically for our Private Business Insurance product.
38. **CR039-1 Extraordinary Coverage A Rider (Political Risk) (E)** – extends the coverage in an export policy to include loss due a political event in a particular debtor's country.
39. **CR040-1 Extraordinary Coverage A Rider (Insolvency Only) Reporting Form (E)** – provides the insured with coverage on debtors specifically by name in the event of insolvency and requires the insured to provide the Company with a monthly report of outstanding balances.
40. **CR041-1 Extraordinary Coverage B Rider (D)** - provides the insured with coverage on debtors specifically by name and limits the total coverage under the rider to an aggregate limit.
41. **CR042-1 Coverage Change A Rider** – is used to add debtors on to the policy for coverage during the policy term.
42. **CR043-1 Available Coverage Rider (D)** – allows an insured to purchase and pay for coverage on a monthly basis for debtors that qualify for coverage by virtue of their Lumbermen's Credit Rating, subject to monthly reporting requirements.
43. **CR044-1 Coverage Change B Rider (D)** – is used to increase/decrease coverage at the insured's request on a particular governing rating during the policy term.
44. **CR045-1 Monthly Coverage Rider (D)** – is used in conjunction with CR043-1 to add/increase coverage available on a specific governing rating and to add specific debtors for coverage during the policy term.
45. **CR046-1 Available Increased Coverage Rider (D)** - is used in conjunction with CR043-1 to name specific debtors for coverage at the inception of the policy.
46. **CR047-1 Coverage Change D Rider (D)** - is used to increase/decrease coverage at the insured's request on a particular debtor or debtors with approved governing ratings during the policy term.
47. **CR048-1 Monthly Reporting and Additional Premium Rider (D)**– provides insured with coverage by governing rating and premium on a monthly basis as opposed to an annual basis subject to specific reporting requirements.
48. **CR049-1 Extraordinary Coverage RF Rider (D)** – provides the insured with coverage to specific debtors by name on a monthly basis subject to specific reporting requirements.

49. **CR050-1 Monthly Supplement Rider (D)** – defines the reference point for determining a debtor’s governing rating where the mercantile agency releases monthly supplements.
50. **CR051-1 Delay in Transportation Rider (D)** – extends coverage by a maximum of 60 days as a result of delay in transportation of lumber products.
51. **CR052-1 Lumbermens 6 Rating Rider (D)** – establishes coverage parameters for debtors assigned ratings by the Lumbermens Credit Association with the number 6 preceding the rating.
52. **CR053-1 Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet) (D)** – listing of coverage assigned to first & second credit ratings of Dun and Bradstreet.
53. **CR054-1 Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet) (D)** – listing of coverage assigned to first, second and third credit ratings of Dun and Bradstreet.
54. **CR055-1 Table of Ratings & Coverage Governing under Condition 1 (Lumbermens Credit Association Inc) (D)** – listing of coverage assigned to first & second credit ratings of Lumbermens Credit Association Inc.
55. **CR056-1 Table of Ratings & Coverage Governing under Condition 1 (The Jewelers Board of Trade) (D)** – listing of coverage assigned to first & second credit ratings of the Jewelers Board of Trade.
56. **CR057-1 Table of Ratings & Coverage Governing under Condition 1 (Produce Reporter Company) (D)** – listing of coverage assigned to first & second credit ratings of Produce Reporter Company.
57. **CR058-1 Table of Ratings & Coverage Governing under Condition 1 (Lyon Furniture Mercantile Agency) (D)** – listing of coverage assigned to first & second credit ratings of Lyon Furniture Mercantile Agency.
58. **CR059-1 Maximum to Which Limit of Coverage May Be Increased (Dun & Bradstreet Inc) (D)** - listing of coverage limits and premium due for optional increase in coverage. Used in conjunction with CR029-1.
59. **CR060-1 Supplemental Coverage Rider** – grants additional coverage of 20% above the individual limits of coverage assigned in the policy.
60. **CR061-1 Maximum to Which Limit of Coverage May Be Increased (Dun & Bradstreet Inc) (D)** - listing of coverage limits and premium due for optional increase in coverage. Used in conjunction with CR029-1.
61. **CR062-1 Maximum to Which Limit of Coverage May Be Increased (Lumbermens Credit Association Inc) (D)** - listing of coverage limits and premium due for optional increase in coverage. Used in conjunction with CR029-1.
62. **CR063-1 Separate Primary Loss Rider** – provides for an additional/separate primary loss (deductible) to apply to a particular debtor or debtors.
63. **CR064-1 Labor & Service Endorsement** – defines sales and shipments for insureds who provide labor and/or services as opposed to or in addition to a manufactured product.
64. **CR065-1 L1 Alternate Governing Rider (D)** – specifies which governing agency rating to use when a policy has tables of rating and coverage for both Lumbermens Credit Association and Dun & Bradstreet.

65. **CR066-1 L1 Available Coverage Rider (D)** – permits the insured to request named coverage on accounts rated L1 by Lumbermens Credit Association Inc.
66. **CR067-1 Attorney Rider** – allows an insured to continue handling the recovery of an insolvent claim through the attorney of their choice after Notification of Claim is submitted.
67. **CR070-1 Contingent Increase in Primary Loss Rider** – provides for an increase in Primary Loss on a policy if there is a remaining loss paid on the preceding year's policy.
68. **CR071-1 Coverage Restriction Rider** – limits coverage on a specific debtor where a deteriorating financial condition is noted on the debtor.
69. **CR072-1 Coverage Limitation Rider** – provides specific covenants for coverage on a particular debtor due to the debtor's deteriorating financial condition.
70. **CR073-1 Business Partner Fraud Endorsement Schedule #1 (D)** – lists the particular merchants and limits of coverage applicable thereto for Business Partner Fraud Coverage (CR068-1).
71. **CR074-1 Coverage Termination Rider** – specifies general account conditions under which on-going coverage for a debtor would be terminated.
72. **CR075-1 Coverage Termination Rider** – similar to CR074-1 but used for policies issued under the Private Business Insurance program.
73. **CR076-1 Factoring Rider** – used to define sales and shipments when an insured is in the business of purchasing receivables from other companies.
74. **CR077-1 Recovery Charges Defined (E)** – allows the insured the option of having a set recovery fee on the export policy.
75. **CR078-1 Discretionary Credit Limit (Initial Shipment) (E)** – establishes the conditions, coverage limits and premium charge under which an insured may make a covered shipment to a new customer under their export policy.
76. **CR080-1 Interim Claim Settlement A Rider (E)** – allows the insured to receive payment under the export policy during the policy term for claims against insolvent debtors.
77. **CR081-1 Interim Claim Settlement B Rider (E)** – allows the insured to receive payment under the export policy during the policy term for any claims submitted.
78. **CR082-1 Discretionary Credit Limit (E)** – provides coverage on accounts not named specifically for coverage in the export policy subject to certain due diligence requirements.
79. **CR083-1 Discretionary Credit Limit (Reporting Form) (E)** - provides coverage on accounts not named specifically for coverage in the export policy subject to certain due diligence and reporting requirements.
80. **CR084-1 Extraordinary Coverage A Rider (Reporting Form) (E)** - provides the insured with coverage on export debtors specifically by name, subject to certain reporting requirements.
81. **CR085-1 L Rider (E)** - provides limited coverage to export debtors who are not named specifically for coverage in the export policy.
82. **CR086-1 L Rider** - provides limited coverage to debtors who are not covered by governing rating or are not named specifically for coverage in the PBI program policy.

83. **CR087-1 Extraordinary Coverage A Rider (Political Risk-Reporting Form) (E)** – extends the coverage in an export policy to include loss due a political event in a particular debtor’s country, subject to certain reporting requirements.
84. **CR088-1 Extraordinary Coverage A Rider (Insolvency Only) (E)** - provides the insured with coverage on export debtors specifically by name in the event of insolvency of the debtor.
85. **CR089-1 Monthly Reporting and Additional Premium Rider** – provides insured with coverage and premium for export debtors on a monthly basis as opposed to an annual basis subject to specific reporting requirements.
86. **CR090-1 L1 Alternate Governing Rider (D)** – specifies which governing agency rating to use when a policy has tables of rating and coverage for both Lumbermens Credit Association and Dun & Bradstreet
87. **CR091-1 L1 Available Coverage Rider (D)** – permits the insured to request named coverage on accounts rated L1 by Lumbermens Credit Association Inc.
88. **CR092-1 Table of Ratings & Coverage Governing under Condition 1 (Dun & Bradstreet) (E)** – listing of coverage assigned to first & second credit ratings of Dun and Bradstreet for use in the PBI insurance program.
89. **CR093-1 Delayed Effect of Cancellation Rider** – extends coverage on a debtor by a specified number of days after we have issued a notice of cancellation of future shipments.
90. **CR094-1 Conditional Exemption of Primary Loss Rider (D)**- eliminates Primary Loss from the calculation of a loss when the shipments making up the loss qualify for coverage by virtue of the debtor’s governing rating at the time of shipment.
91. **CR095-1 Table of Ratings & Coverage governing under Condition 1 (Coface @ Rating) (D)** – Listing of coverage assigned to COFACE credit ratings.
92. **CR096-1 Table of Ratings & Coverage governing under Condition 1 (Dun & Bradstreet Inc. Global Financial Stress Scores) (D)** – listing of coverage assigned to Dun & Bradstreet Inc.’s Global Financial Stress Scores.
93. **CR097-1 Table of Ratings & Coverage governing under Condition 1 (Nationally Recognized Statistical Rating Organizations) (D)** – listing of coverage assigned by various Nationally Recognized Statistical Rating Organizations.
94. **CR001-1 (AR) Arkansas Rider (Domestic)** – This form is used to comply with applicable Arkansas state laws and regulations.
95. **CR002-1 (AR) Arkansas Rider (Export)** – This form is used to comply with applicable Arkansas state laws and regulations.
96. **CR003-1 (AR) Arkansas Policyholder notice (Domestic)** – This Policyholder Notice provides the Insurer’s name and address for the Insured’s reference.
97. **CR004-1 (AR) Arkansas Policyholder notice (Export)** - This Policyholder Notice provides the Insurer’s name and address for the Insured’s reference.

Trade Credit Insurance Index
Arkansas

FORM NUMBER:	TITLE
DA-1 (Ed. 03/04)	<u>Policy of Credit Insurance – Policy Number DA</u> – This form is the policy providing trade credit insurance.
D-1 (Ed. 03/04)	<u>Policy of Credit Insurance – Policy Number D</u> – This form is the policy providing trade credit insurance.
E-1 (Ed. 03/04)	<u>Policy of Export Credit Insurance – Policy Number E</u> – This form is the policy providing trade credit insurance.
EA-1 (Ed. 03/04)	<u>Policy of Export Credit Insurance – Policy Number EA</u> – This form is the policy providing trade credit insurance.
AD-1 (Ed. 02/04)	<u>Credit Insurance – New Business Application</u> – This is the application form used to obtain information for underwriting the Credit Insurance Policy. The application is attached to and becomes a part of the Policy when coverage is provided.
AR-1 (Ed. 02/04)	<u>Credit Insurance – Renewal Application</u> – This is the renewal application form used to obtain information for underwriting the Credit Insurance Policy. The application is attached to and becomes a part of the Policy when coverage is provided.
AE-1 (Ed. 02/04)	<u>Export Credit Insurance Application</u> – This is the application form used to obtain information for underwriting the Export Credit Insurance Policy. The application is attached to and becomes a part of the Policy when coverage is provided.
DPD-1 (Ed. 02/04)	<u>Policy Declaration</u> – This is the Declarations page to be used with the Policy.
DPE-1 (Ed. 02/04)	<u>Policy Declaration</u> – This is the Declarations page to be used with the Policy.
DPP-1 (Ed. 02/04)	<u>Additional Policy Declaration</u> – This is the Declarations page to be used with the Policy.
DPA-1 (Ed. 02/04)	<u>Policy Declaration</u> – This is the Declarations page to be used with the Policy.



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ATTORNEYS AT LAW

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September 23, 2008

VIA SERFF

Ms. Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
Property & Casualty Division
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Coface North America Insurance Company
Classic Trade Credit Insurance Program
Our filing no.: 01-AR-COF-CLASSIC (F)
NAIC: Group Code: 0000
Company Code: 31887
FEIN: 20-0527783
SERFF Tracking #: TSMP-125805602

Dear Ms. Bowman:

Tressler, Soderstrom, Maloney & Priess, LLP is submitting the above referenced Program for your review on behalf of Coface North America Insurance Company. This filing is the introduction of a new program providing trade credit insurance coverage for outstanding debts owed to companies by private buyers.

Enclosed please find the following documents in support of this filing:

1. A letter authorizing Tressler, Soderstrom, Maloney & Priess, LLP to file this Program on behalf of Coface North America Insurance Company;
2. Policy of Credit Insurance, Form DA-1;
3. Policy of Credit Insurance, Form D-1;
4. Policy of Export Credit Insurance, Form E-1;
5. Policy of Export Credit Insurance, Form EA-1;
6. Credit Insurance – New Business Application, Form AD-1;
7. Credit Insurance – Renewal Application, Form AR-1;
8. Export Credit Insurance Application, Form AE-1;

LINCOLNSHIRE, ILLINOIS

WHEATON, ILLINOIS

COSTA MESA, CALIFORNIA

LOS ANGELES, CALIFORNIA

NEWARK, NEW JERSEY

NEW YORK, NEW YORK

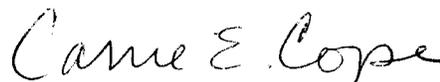
Ms. Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
Property & Casualty Division
September 23, 2008
Page 2

9. Policy Declaration, Form DPD-1;
10. Policy Declaration, Form DPE-1;
11. Additional Policy Declaration, Form DPP-1;
12. Policy Declaration, Form DPA-1;
13. Various Riders to be used with the Program;
14. Arkansas Rider (Domestic), Form CR001-1 (AR) Ed. 08/08;
15. Arkansas Rider (Export); Form CR002-1 (AR) Ed. 08/08;
16. Arkansas Policyholder Notice (Domestic), Form CR003-1 (AR) Ed. 08/08;
17. Arkansas Policyholder Notice (Export), Form CR004-1 (AR) Ed. 08/08;
18. The state required form NAIC Property & Casualty Transmittal Document; and
19. A detailed forms index which includes a brief description of each form.

Please note that we are not making a rate filing for this Program, as we understand we are exempt from doing so. We are submitting an electronic funds transfer in the amount of \$50.00 as we understand all filings submitted should include a \$50.00 filing fee.

We trust that you will find this filing satisfactory. If you have any comments or questions regarding this filing, please do not hesitate to contact me.

Very truly yours,



Carrie E. Cope

CEC/hc2
Enclosures