Swiss Re

Renewal Information

Swiss Re International SE, Niederlassung Deutschland

Your Policy

Insured name	
Address	
Policy Number	
Description of Trade	

We confirm that your Policy specified above expires on _____ at 23.59.

To enable us to consider offering _____ renewal terms to you, please review and update the content below and complete the required information in full and return it to us. It is very important that the information you provide is up-to-date and substantially correct; otherwise your insurance could be invalidated, or a claim payment reduced or refused.

THE POLICY IS NOT AUTOMATICALLY RENEWED WHEN YOU COMPLETE THIS FORM

Your Policy details

We have outlined below some key Policy details that require your review and all are important for your required declaration.

All figures shown in this document are in the existing Policy Currency

You have previously elected to have claims paid in Policy Currency

If you want to change your election please advise us accordingly. Please note that your choice, once made, cannot be changed during the Policy Period.

The list of the Joint Insureds is displayed after the section "List of all Approved Countries".

Please check the following aspects of your current Policy and advise us of any changes that are required to ensure coverage is correct.

1. **Are all the current Insured's details stated above correct? Yes ☐ No ☐ If No , please detail amendments below.**

2. **Do all matters relating to the nature of your business or any practices, procedures, terms and conditions of granting and managing credit remain unchanged? Yes ☐ No ☐ If No, please detail amendments below.**

3. **Have you advised us of all notifiable events, reportable amounts and bad debts? Yes ☐ No ☐ If No, please detail amendments below.**

Name & address of debtor	Total amount owed	Actions taken	Reason for non-payment and comments

4. Please provide the percentage of your aggregate exposure relative to the current Credit Limits provided by Swiss Re International SE, Niederlassung Deutschland for Buyer(s) under this Policy ("Utilisation Percentage"). If needed, please refer to the total of your current Credit Limits as given in the most recent IRS (Insured Risk Statement) found in your portal (if applicable) or provided to you separately. To the extent possible, the aggregate exposure should exclude GST/VAT and balances with associated companies, or buyers, that are not included under your Policy. This Utilisation Percentage is for reporting purposes only, so please stipulate if the percentage provided is Actual or Estimated.

Overall exposure percentage: % Actual Estimated

List of all Approved Countries

Please complete the table by estimating your insurable turnover for the next 12-month Policy Period for each Approved Country. If any country can be removed or if any maximum terms of payment need to be amended, please update the relevant section.

Important note: All figures should exclude the value of transactions with associated and subsidiary companies, Government departments, Government taxes, retention monies, cash sales and sales to the public

Approved Countries (and States)	Remove Country [x]	Estimated Turnover (AUD)	Maximum Terms of Payment Days	Type	Requested amendment
ALGERIA			60 days	See Endorsement	
ANDORRA, PRINCIPALITY OF			60 days	See Endorsement	
ARMENIA			60 days	See Endorsement	
AUSTRALIA			60 days	See Endorsement	
AUSTRIA			60 days	See Endorsement	
BELGIUM			60 days	See Endorsement	
BULGARIA			60 days	See Endorsement	
CANADA			60 days	See Endorsement	
CHILE			60 days	See Endorsement	
CHINA (PRC)			60 days	See Endorsement	
CROATIA			60 days	See Endorsement	
CZECHIA			60 days	See Endorsement	
DENMARK			60 days	See Endorsement	
ESTONIA			60 days	See Endorsement	
FINLAND			60 days	See Endorsement	
FRANCE			60 days	See Endorsement	
GABON			60 days	See Endorsement	
GERMANY			60 days	See Endorsement	
GIBRALTAR			60 days	See Endorsement	
GREECE			60 days	See Endorsement	
HUNGARY			60 days	See Endorsement	
ICELAND			60 days	See Endorsement	
INDIA			60 days	See Endorsement	
IRELAND			60 days	See Endorsement	
ISRAEL			60 days	See Endorsement	
ITALY			60 days	See Endorsement	
JAPAN			60 days	See Endorsement	
LATVIA			60 days	See Endorsement	
LIECHTENSTEIN			60 days	See Endorsement	
LITHUANIA			60 days	See Endorsement	
LUXEMBOURG			60 days	See Endorsement	
MALTA			60 days	See Endorsement	
MAURITIUS			60 days	See Endorsement	
MOLDOVA			60 days	See Endorsement	
MONTENEGRO			60 days	See Endorsement	
MOROCCO			60 days	See Endorsement	
NETHERLANDS			60 days	See Endorsement	

Approved Countries (and States)	Remove Country [x]	Estimated Turnover (AUD)	Maximum Terms of Payment Days	Type	Requested amendment
NEW ZEALAND			60 days	See Endorsement	
NORWAY			60 days	See Endorsement	
OMAN			60 days	See Endorsement	
POLAND			60 days	See Endorsement	
POLYNESIA (FRENCH)			60 days	See Endorsement	
PORTUGAL			60 days	See Endorsement	
ROMANIA			60 days	See Endorsement	
SERBIA			60 days	See Endorsement	
SINGAPORE			60 days	See Endorsement	
SLOVAK REPUBLIC			60 days	See Endorsement	
SLOVENIA			60 days	See Endorsement	
SOUTH AFRICA			60 days	See Endorsement	
SOUTH KOREA			60 days	See Endorsement	
SPAIN			60 days	See Endorsement	
SWEDEN			60 days	See Endorsement	
SWITZERLAND			60 days	See Endorsement	
TUNISIA			60 days	See Endorsement	
TURKEY			60 days	See Endorsement	
UNITED ARAB EMIRATES			60 days	See Endorsement	
UNITED KINGDOM			60 days	See Endorsement	
UNITED STATES			60 days	See Endorsement	

Additional Approved Countries requested:					
+					
+					
+					
	Total Estimated Turnover				

List of all Joint Insured parties on Policy

Insured

Address

Joint Insureds

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Co-Insurance

Our Policy operates on the principle of co-insurance. This means that you will be considered your own insurer for:

(a) an agreed percentage of any loss you may suffer;
(b) so much of any indebtedness owing to you as exceeds the Permitted Credit Limit; and
(c) any Deductibles applicable to your policy.

Declaration by the insured

Please read and sign the following declaration and return to us at the address at the bottom of the page.

We declare that we have read and understood the notifications above and that the information given on this form (including any additional lists, forms, schedules or attachments) is to the best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to Swiss Re International SE, Niederlassung Deutschland which might affect its decision whether to accept the risk.

The signatory warrants that they are a duly authorised representative of the Insured with authority to sign this declaration on behalf of all companies insured under this Policy.

Name(s) of Signatory

Position held with the Insured

Signature(s)

Date (dd/mm/yyyy)

Important notes

1 Choice of contract law

This contract shall be governed by and construed in accordance with the laws of England and Wales. You agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute arising in connection with this contract.

2 Data Privacy Notice

Swiss Re International SE ("SRI") processes personal data in connection with the underwriting, administration and servicing of insurance policies, as well as to comply with legal and regulatory obligations. Information regarding how SRI collects, uses, shares and protects personal data, together with details of data subject rights, is available in our Privacy Notice: Swiss Re Global Privacy Notice | Swiss Re

3 Fraud Act 2006

If you provide an answer/information which you know is untrue, or deliberately fail to provide information that we have requested (e.g. previous accidents) you may be committing a criminal offence.

4 Records

The insurer may hold documents relating to this insurance and any claims under it in electronic form and may destroy the originals. It is hereby agreed that an electronic copy of any such document will be admissible in evidence to the same extent as, and carry the same weight as, the original.

5 Your insurer

Swiss Re International SE, Niederlassung Deutschland

Swiss Re International SE, Niederlassung Deutschland is registered under company number HRB171487 and operates in Germany under the freedom of establishment.
Swiss Re International SE is authorised and supervised by the Luxembourg Commissariat aux Assurances under RCS number B134553 and the Federal Financial Supervisory Authority (Bundesanstalt für Finanzdienstleistungsaufsicht - BaFin); BaFin ID 10005138.