

CAP/CAP+ Credit Insurance Application for additional insurance cover

1 We herewith apply for the conclusion of a CAP/CAP+ Policy as a supplement to our currently existing Commercial Credit Insurance Policy (Primary Policy).

Policy Inception Date: _____ (month/year, i.e. the month of the application at the earliest),
regarding the Policy Duration, the agreed contract term of the Primary Policy is applicable.

The premium is based on the agreed limit and amounts to 2% p.a. for the CAP Limit and to 6% p.a. for the CAP+ Limit.
This premium is exclusive of the statutory insurance tax, which will be charged in addition.

1.1 Current Commercial Credit Insurance (Primary Policy): Policy No. _____

1.2 Co-Insured(s) to which the additional insurance shall also apply:

2 Credit Rating

We hereby mandate Euler Hermes Services Switzerland Ltd. to assess whether and in which amount a CAP/CAP+ Limit may be granted.

3 Applicable Law

The law applicable to the present CAP/CAP+ Policy is determined by the respective provisions of the Primary Policy. Any dispute in connection with the present CAP/CAP+ Policy will be resolved pursuant to the respective provisions of the Primary Policy.

4 Online

We hereby apply for the access to the Online-Service EOLIS according to the terms and conditions of the EOLIS service.
By accepting the application for the conclusion of an additional insurance, Euler Hermes SA, Brussels, Wallisellen branch consents to the online connection unless Euler Hermes SA, Brussels, Wallisellen branch, by way of exception declines such online connection in writing.

The following person(s) shall be authorized for the use:

Mrs./Mr. _____

5 Account No. for Collected Amounts and Indemnity Payments

Collected amounts and indemnity payments shall be paid to the account as specified for the Primary Policy.

6 Assignment

The assignments of claims for Indemnity payments as specified in the Primary Policy shall also be applicable for the present CAP/CAP+ additional insurance.

Yes No

If yes, Euler Hermes SA, Brussels, Wallisellen branch will submit a confirmation to the respective assignees of the Primary Policy.

Place/Date _____

Signature _____

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