

Notification of Claim



Date: _____

Pursuant to Credit Insurance Policy No. _____
issued by Coface North America Insurance Company, we hereby place for collection the subject
account:

Name of Debtor: _____

(including trade style)

Address: _____

City / State / Zip: _____

Debtor's Phone: _____ Person to Contact: _____

1. Business Debtor: _____

2. Amount Owning: \$ _____ Terms of Sale: _____

Attach itemized statement of account. On the statement of account show fully the original terms of sale and the original maturity of each item. If the indebtedness is for Notes, state plainly the dates of shipment of merchandise for which the Notes were given and the original terms for sale.

3. Nature of Insolvency, if any: _____

4. Date of Insolvency, if any: _____

5. Name & Address of party in charge of debtor's estate: _____

6. Attach all correspondence related to your collection efforts. If the debtor disputes the account, please describe in detail on a separate letter.

7. Any security, guarantee, indemnity or instruments you hold on this account must be attached.

8. Advise of any settlement offer and terms thereof.

9. Debtor's Bank and Account No.: _____

Warning – any person who knowingly and with intent to defraud any insurance company or other person files a statement 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.

Insured: _____

Address: _____

City / State / Zip: _____