

# **Application For Quota Share Treaty Agreement**

Name of the Applicant :
Country of the Applicant:
We hereby apply to the Islamic Corporation for the Insurance of Investment and Export Credit for a Short Term Quota Share Treaty.
You are kindly requested to complete this form.

- 1) Business Insured and Premium issued
  - a- Business Insured by Country (USD)

Country	2017	2018	Expected in 2019
	Business Insured	Business Insured	Business Insured
Total			

#### b- Please list your Business Insured by Sector (USD)

	2017	2018	Expected in 2019
Sector	Business Insured	Business Insured	<b>Business Insured</b>

#### c- Gross Premium Earned (USD)

	2017	2018	Expected in 2019
Premium			

d- Please provide your Current Country Risk Classification

## 2) Your Current Buyer List Profile @ to-date.

Approved Buyer Credit Limit (USD)	Number of Buyers
US\$ 0 to 100,000	
US\$ 100,001 to 250,000	
US\$ 250,001 to 500,000	
US\$ 500,001 to 1,000,000	
US\$ 1,000,001 to 2,500,000	
US\$ 2,500,001 to 5,000,000	
Above US\$ 5,000,000	
All Groups	

## 3) Current Buyer List Profile by Country

		Credit Limit		
No.	Buyer's Country	Number of Buyers	Amount in USD	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
Total				

## 4) Current List of Buyers (Credit Limit > USD 1,000,000)

Name of Buyer	Country	Credit Limit Amount

5) Claims Experience (USD)

(a)

Description	2016	2017	2018
- Claims Paid during the year			
- Number			
- Recoveries during the year			
- Number			
- Claims Outstanding (*)			
- Number			

- (\*) Claims reported but not yet paid or rejected.
- (b) Please list the 10 Top major claims paid during the last 5 years

	Buyer Name	Country	Amount of Claim Paid	Amount of Claim Recovered
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
	Total			

#### **Documents to be attached**

You are kindly requested to attach to this form, with the following:

- > The last 3 years annual reports
- > The Insurance Policies Wording to be covered in the QST
- > Short description of each insurance product
- > Copy of your existing Quota Share Treaty, if any
- > Premium schedule

We declare that the information given in this application and the attached documents are true and we have not misrepresented or omitted any material information.

Signed	:	
Name	:	
Capacity of Signatory	:	
Date	:	