



# STATEMENT & INVOICE

Credit Insurance Premium Declaration

Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_

INSURED DETAILS
Policyholder: _____
Policy Number: _____
Address: _____
Broker: _____

  

DECLARATION PERIOD
Start Date: _____
End Date: _____
Declaration Due: _____
Payment Terms: _____

## POLICY PARAMETERS

MAXIMUM LIABILITY LIMIT	DISCRETIONARY LIMIT	BASE PREMIUM RATE	MINIMUM ANNUAL PREMIUM
_____	_____	_____	_____

## Premium Calculation

DESCRIPTION OF COVERED TURNOVER / VOLUME	DECLARATION BASIS	RATE (%)	PREMIUM AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Minimum Premium Adjustment (if applicable)	_____	_____	_____

Net Premium:	_____
Insurance Premium Tax (IPT):	_____
Admin/Policy Fee:	_____
<b>Total Amount Due:</b>	<b>_____</b>

**SETTLEMENT & WIRE INSTRUCTIONS**

**Beneficiary Bank:**

**Account Name:**

**Account Number:**

**Bank Swift/BIC:**

**IBAN:**

**Reference:**

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Please return a copy of this statement with your declaration. Late payments may affect policy coverage limits and credit claim eligibility as per policy terms and conditions.