



BONUS REQUEST FORM BRF 02/18

Please complete all sections clearly.

Please do not leave any questions unanswered.

Once you have completed this form please send to:

Client Services Coface, Egale 1, 80 St Albans Road, Watford, WD17 1RP.

Telephone: 0800 085 6848 Fax: +44 (0)1923 659094 Email: clientservices@coface.com

DETAILS

Please accept this as a request for the following bonus payment:	No claims bonus Low claims bonus Profit share
---	--

For the insurance contract period	DD/MM/YYYY to DD/MM/YYYY
--	---------------------------------

I confirm that we have fulfilled our contractual obligations and meet the criteria for payment of the bonus as laid out in the applicable invoicing module and/or policy schedule.

We waive our right to any subsequent claims attaching to the insurance contract period for which this bonus payment is being paid.

Company name	
Contract number	
Primary contact name	
Date	