

## BONUS REQUEST FORM

Please complete **all** sections clearly.

**Please do not leave any questions unanswered.**

Once you have completed this form please send to:

Contract Services, Coface, 34 Clarendon Road, Watford, Hertfordshire WD17 1JJ.

Telephone: 0800 085 6848

Fax: +44 (0)1923 659094

Email: [contractservices@coface.com](mailto:contractservices@coface.com)

### DETAILS

	<input type="checkbox"/> No claims bonus
Please accept this as a request for the following bonus payment:	<input type="checkbox"/> Low claims bonus
	<input type="checkbox"/> Profit share
For the insurance contract period	<input type="text" value="DD/MM/YYYY"/> to <input type="text" value="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	

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Watford, Hertfordshire  
WD17 1JJ

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Email: [contractservices@cofaceuk.com](mailto:contractservices@cofaceuk.com)  
[www.coface.uk](http://www.coface.uk)

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