

本商品經本公司合格簽署人員檢視其內容業已符合保險精算原則及保險法令，惟為確保權益，基於保險業與消費者衡平對等原則，消費者仍應詳加閱讀保險單條款與相關文件，審慎選擇保險商品。本商品如有虛偽不實或違法情事，應由本公司及負責人依法負責。

總公司：台北市敦化南路二段 39 號 8 樓 A 室 電話：(02)2322-9000 免費客服及申訴電話：0800-771-168 網址：<http://www.eulerhermes.tw>

如欲查詢本公司資訊公開說明文件之內容，請至本公司網址：<http://www.eulerhermes.tw> 查詢

## Euler Hermes Credit Insurance CA

### Beneficiary Endorsement

#### 保單條款

107 年 06 月 27 日裕利安宜 107 發字第 0005 號函備查

#### Beneficiary Endorsement

1. It is agreed that cover is extended to include losses you suffer from unpaid receivables which relate to goods and/or services **Supplied** and invoiced by an **Affiliated Company** to a **Buyer** during the **Insurance Contract Period** that have been assigned to you.

For the avoidance of doubt any **Affiliated Company** specified in this Endorsement is neither party to nor direct beneficiary of the **Policy**.

2. For the purpose of the endorsement “**Affiliated Company**” means an entity (i) over which you or any company in your group has direct or indirect control through ownership of more than fifty per cent (50%) of the voting share capital and participation in its management or (ii) which has similar control over you (collectively “**Affiliated Companies**”). Your Affiliated Companies are listed below in this Endorsement.
3. Subject to its terms and conditions the **Policy** will also cover receivables which relate to goods and/or services **Supplied** to a **Buyer** by an **Affiliated Company** during an **Insurance Contract Period** and which has been properly assigned to you without recourse, in accordance with a legally valid written assignment agreement with the **Affiliated Company**, subject to the following provisions:
  - 3.1. before you file a **Claim and Collection Form** under this endorsement, you must have had properly assigned to you all of the receivables owed to the **Affiliated Company** by the relevant **Buyer**, and before we make a **Claim Payment** you must have transferred to us all of the **Affiliated Company's** rights, claims and defences

against the **Buyer**, arising in respect of goods or services **Supplied** by the **Affiliated Company** to the **Buyer**; with all appropriate evidence; and

- 3.2. you have a valid **Permitted Limit** on the **Buyer** for the date the goods and/or services are **Supplied** by an **Affiliated Company** to the **Buyer**;
  - 3.3. goods and/or services **Supplied** by the **Affiliated Company** for the purpose of this Endorsement will be deemed to be goods and/or services **Supplied** by you, and all the terms and conditions of the **Policy** shall apply accordingly, in particular
    - the **Maximum Terms of Payment**,
    - your obligation to report a **Buyer** entering a **State of Default** to whom an **Affiliated Company** has **Supplied** goods and/or services,
    - your obligation to take all practicable measures to prevent any loss arising or to minimize any loss which does arise including those measures available to the **Affiliated Company**, and
  - 3.4. any **Recoveries** received or held by an **Affiliated Company** in respect of an Insured Debt will be deemed to be **Recoveries** received or held by you, and
  - 3.5. you need to include in your declaration for premium calculation the relevant details for all goods and/or services **Supplied** by an **Affiliated Company** during the **Insurance Contract Period** in line with section 6 of the General Terms and Conditions of the **Policy**.
4. This endorsement does not vary, alter, waive or extend any of the terms and conditions of the **Policy** except as expressly stated in this endorsement.

Table of **Affiliated Companies**:

| <b>Affiliated Company</b>   | <b>Identifier</b> |
|-----------------------------|-------------------|
| <Affiliated Company name 1> | <[EH ID]>         |
| <Affiliated Company name 2> | <[EH ID]>         |
| <Affiliated Company name 3> | <[EH ID]>         |
| <Affiliated Company name 4> | <[EH ID]>         |