



EXPORT-IMPORT BANK of the UNITED STATES

OMB #3048-0017
Expires 6/30/2009

(please type or print all information)
POLICY NUMBER :()

REPORT OF PREMIUMS PAYABLE FOR EXPORTERS ONLY

IF NO PREMIUMS PAYABLE, CHECK HERE

Prefix _____ Number _____

Report for period: _____
Month _____ Year _____

Date Received	USING SAME CODE? If same for all transactions check these code and rate boxes instead of those in the reporting columns below	
	Coverage Type	<input type="checkbox"/> _____
	Buyer Type	<input type="checkbox"/> _____
	Transaction Type	<input type="checkbox"/> _____
	Term Code	<input type="checkbox"/> _____
Premium Rate	<input type="checkbox"/> \$ _____	

POLICYHOLDER: _____

Contact: _____

Tel: _____ Fax: _____ Email: _____

BROKER: _____

ITEM	BUYER NAME (refer to Step 1. on back)	CITY	COUNTRY	Coverage Type Code	Buyer Type Code	Transaction Type Code	Term Code	TRANSACTION AMOUNT	Premium Rate per \$100	PREMIUM DUE
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
			PAGE TOTALS							
	complete only on last page →		REPORT TOTALS							

We hereby certify that this report is a complete and accurate declaration of all transactions required to be reported under the terms of the policy and that premiums have been correctly computed and remitted. We understand that Ex-Im Bank's acceptance of this report or the premium due is not an acknowledgement of coverage and does not constitute a waiver of any policy condition or limitation. Unless otherwise specified by us in this report, we understand Ex-Im Bank will assume that short term transactions were made with private-sector obligors on six-month open account terms, and that premium rates will be calculated accordingly. We understand that, for purposes of policy compliance, this report is not received by Ex-Im Bank until both this report and the premium due hereunder are received. We further understand that these certifications are subject to the penalties for fraud against the U.S. Government (18 U.S.C. 1001, et seq.).

Name of Preparer: _____ Phone: _____

Signature: _____ Date Prepared: _____

SEE REVERSE SIDE FOR ADDITIONAL NOTES AND INSTRUCTIONS ON COMPLETING THIS REPORT

COVERAGE TYPES (see Note C. on next page) **CODE**
 Comprehensive **A**
 Political Only **B**
 Sales to Your Subsidiaries or Affiliates..... **B**

BUYER TYPES **CODE**
 Private Sector Buyer or Guarantor **3**
 Government Sector (Non-Sovereign) Buyer or Guarantor **2**
 Government Sector (Sovereign) Buyer or Guarantor..... **1**

(A "sovereign" is a national government or government entity that insurer the has determined carries the full faith and credit of the national government. Most government sector companies and/or agencies do not carry the full faith and credit of their government and are therefore considered "non-sovereign" and should be reported as such unless the insurer has determined otherwise.)

TRANSACTION TYPE **CODE**
 Letters of Credit (deferred payment or sight)..... **A**
 Do not use this code..... **B**
 Do not use this code..... **C**
 Bank-Guaranteed (if applicable, use in lieu of any other code)..... **D**
 Drafts/Promissory Notes/CAD or SDDP* **E**
 Open Account **F**
 Pre-shipment (selective contracts)..... **G**
 Consignment..... **H**

TERM (corresponding to Transaction Type being reported) **CODE**
 Sight Letters of Credit **1**
 CAD or SDDP** **2**
 1-60 Days **3**
 61-120 Days **4**
 121-180 Days **5**
 181-270 Days **6**
 271-360 Days **7**
 1 1/2 Years **8**
 2 Years **9**
 2 1/2 Years **10**
 3 Years **11**
 3 1/2 Years **12**
 4 Years **13**
 4 1/2 Years **14**
 5 Years **15**
 Over 5 Years **16**

** CAD = Cash Against Documents
 SDDP = Sight Draft Documents Against Payment



MAKE CHECKS PAYABLE TO:

EXPORT-IMPORT BANK OF THE UNITED STATES OR EX-IM BANK

MAIL THIS REPORT WITH YOUR PAYMENT TO:

EXPORT-IMPORT BANK OF THE UNITED STATES DEPT. 22 WASHINGTON, D.C. 20055

INSTRUCTIONS FOR REPORTING PREMIUMS PAYABLE

Complete the page heading on the front of this report-form, then follow the steps shown below to report each transaction. (If NO premiums are payable, check the appropriate box on the front of this report-form.)

- STEP 1. Enter the FOREIGN BUYER NAME... STEP 2. Enter the CITY and COUNTRY... STEP 3. Enter the applicable COVERAGE TYPE CODE... STEP 4. Enter the applicable FOREIGN BUYER TYPE CODE... STEP 5. Enter the applicable TRANSACTION TYPE CODE... STEP 6. Enter the applicable TERM CODE... STEP 7. Enter the AMOUNT of the transaction... STEP 8. Enter your PREMIUM RATE... STEP 9. Enter the PREMIUM DUE... STEP 10. Enter PAGE TOTALS and REPORT TOTALS... STEP 11. Read the paragraph at the bottom of the report-form...

ADDITIONAL NOTES

- NOTE A. If you expect to use the same code (or rate) for each transaction... NOTE B. Be certain that your policy allows you to use the TRANSACTION TYPE or TERM being reported. NOTE C. "Comprehensive" means commercial and political risks coverage. "Political Only" means that coverage is restricted to political risks.

SPECIAL POLICIES--REPORTING ADDITIONAL INFORMATION (If your policy has been endorsed to require you to report information not included on the front of this report-form, you may use the space provided below to report that information. Numbers to the left refer to line-item numbers on the front of this form.) ITEM

- 1. 2. 3. 4. 5.

Notices: The applicant is hereby notified that information requested by this application is done so under authority of Export-Import Bank Act of 1945, as amended (12 USC 635 et, seq.); provision of this information is mandatory and failure to provide the requested information may result in Ex-Im Bank being unable to determine eligibility for support.

Public Burden Statement: Reporting for this collection of information is estimated to average 1/2 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application.