OMB #3048-0018 Expires 7/31/09



Export-Import Bank of the United States

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

This application is to be completed by an exporter (or a broker acting on its behalf) in order to obtain a short-term insurance policy covering sales to a single foreign buyer. Repayment terms can be up to 360 days.

An online version of this application is available on Ex-Im Bank's web site. Ex-Im Bank encourages customers to apply on line, as it will facilitate our review and allow customers a faster response time. Additional information on how to apply for Ex-Im Bank insurance can be found on Ex-Im's web site http://www.exim.gov.

Send this completed application to Ex-Im Bank, 811 Vermont Ave., NW, Washington, D.C. 20571. Ex-Im Bank will also accept emailed pdf and faxed applications. Ex-Im Bank will not require the originals of these applications to be mailed. The application must be PDF scans of original applications and all required attachments. (Fax number 202.565.3380, e-mail exim.applications@exim.gov)

	APPLICA	ATION FORM	
Applicant/Exporter The applicant/exporter	er is the U.S. entity that contracts with the l	ouyer for the sale of the U.S. goods and service	es.
Applicant legal name: State:			
Contact person:		Country:	
Position title:		E-mail:	
Street Address:		Phone:	
City:	Zip Code:	Fax:	
Broker (if applicable	e):		
Name of Broker:			
Ex-Im Bank Broker#	:		
Contact Person:			
Fax:			
E-mail:			
1. GENERAL QUE	STIONS		
A. Type of Coverage	e Requested		
☐ Compreh	nensive risk		
Political	risk		
B. Qualification for	Coverage		
Will the app	licant have title to the products at the time	they are shipped?	
Yes 🗌 No			
Will the app	licant directly invoice the buyer?		
Yes 🗌 No			
If you answe	ered no to either, you may not be eligible for	or coverage. Call Ex-Im Bank or your broker f	or assistance.

C. Primary Reason for applying for this p	oolicy	
☐Risk mitigation		
Financing		
☐To offer more competitive terms		
D. Is this a resubmission of a previously v	vithdrawn, returned or denied applica	tion, or a follow-on policy for the same buyer
□Yes		
□ No		
If yes, indicate previous transaction	number:	
E. Primary point of contact for this applic	cation	
☐ Exporter		
Broker		
2. SPECIAL COVERAGES		
Check the boxes for the special coverage that	at apply to this transaction. Complete and	l attach the requested forms, where applicable.
☐ Pre-shipment Cover Attachment II – Pre-shipment	☐ Shipment to address in US	Additional Named Insured Attachment IV - ANI required
questionnaire required		•
☐ Bulk agriculture	Enhanced assignment	Services
	Attachment III - EA questionnaire required	
	•	
Warehouse	Foreign currency coverage	Other
Attachment V – Warehouse information required	indicate currency: currency of supply contract	
required	US dollar	
	foreign currency	
3. PARTICIPANTS Provide information on the additional partic	ipants to the transaction.	
Supplier		
The supplier is the U.S. entity that manufact the supplier and there are no additional supp		ces to be exported. Check \square if the exporter is check \square various:
Supplier legal name:	Stat	ee:
Contact person:	Соц	intry:
Position title:	E-n	nail:
Street Address:	Pho	ne:
City: Postal C	:	

Buyer The buyer is the entity	that contracts with the exporter for the pu	chase of U.S. goods and services.
Buyer legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax:
Guarantor		
	erson or entity that agrees to repay the cred cumstances personal or corporate guarantor	it if the buyer does not. Refer to the Short-Term Credit Standards are required.
	d in this transaction? Yes No an individual or a company?	
Guarantor legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax:
End-user The end-user is the for Check if the end-user End-user legal name:	reign entity that uses the U.S. goods and se is also the buyer.	rvices: State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax:
and/or preparation of a		of the borrower or buyer who has assisted in the sourcing, packaged which will receive compensation in some form for their services
If yes, add the agent in	nformation below:	
Agent legal name:		State:
Contact person:		Country:
Position title:		E-mail:
Street Address:		Phone:
City:	Postal Code:	Fax

Related Parties
Describe any direct or indirect ownership or family relationship that exists between any of the participants. If none, so indicate: None.
Primary Source of Repayment
The PSOR is the entity whose financial statements or credit information form the basis of Ex-Im Bank's evaluation of reasonable assurance of repayment, i.e. the entity whose financial statements Ex-Im Bank uses to supply calculate the ratios for Short-Term Credit Standards compliance. For this transaction, indicate whether the PSOR is:
the buyer,
the corporate guarantor, or
business combination, (e.g. the consolidated or combined financial statements of the buyer and one or more corporate guarantors.) Indicate which entities comprise the combination
Is the PSOR a financial institution? Yes No
Select the risk category of the PSOR: Private sector Public sector
Does the PSOR have a bond rating? Yes No
If yes, indicate the name of the rating agency, rating, and the date of the rating.
4. TRANSACTION DESCRIPTION AND ELIGIBILITY
Indicate whether the sale represents a:
Firm order
sale in negotiations
response to an invitation to bid
Provide a description of the products or service, including their NAICs code, if known:
Regarding the above products or services
Is each product produced or manufactured in the United States? Yes No
Has at least one-half of the value, exclusive of mark-up, been added by labor or material exclusively of United States origin? Yes \(\subseteq \text{No } \subseteq \)
Are these products on the munitions control list? Yes No
Are the products new or used? New Used Used
Are the products capital goods that will be used to produce exportable products? Yes No
Will any value be added to the product after export from the U.S.? Yes No
If yes, provide an explanation:
Has this transaction been considered by any other export credit insurer? Yes No
If yes, provide details:

5. FINANCED AMOUNTS AND STRUCTURE

Enter the %s for each payment term the exporter will extend to the buyer

(e) Payment terms requested		(number of days) Please check applicable box		le box				
Payment Type	Sight	Up to 30	Up to 60	Up to 90	Up to 120	Up to 180	Up to 270	Up to 360
Cash Against Documents (CAD)								
Sight Draft Documents Against Payment (SDDP)								
Unconfirmed Irrevocable Letter of Credit (UILC)								
Open Account								
Sight Draft Documents Against Acceptance (SDDA)								
Promissory Note								
Number of shipments: single multiple under one sales contract								
Expected date(s) of shipment:								
Estimated shipment volume to be insured:								
If multiple shipments, the expected highest amount	outstand	ing during	g the ship	pment per	iod:			
Other security available:								
6. CREDIT INFORMATION ON THE PSOR The information requested in Attachment I: Credit Information is attached.								

7. NOTICES AND CERTIFICATIONS

Certifications

The applicant certifies that neither it, nor its Principals, have within the past 3 years been a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in, a Covered Transaction, b) formally proposed for debarment, with a final determination still pending, c) indicted, convicted or had a civil judgment rendered against it for any of the offenses listed in the Regulations, d) delinquent on any substantial debts owed to the U.S. Government or its agencies or instrumentalities as of the date of execution of this application; or e) the undersigned has received a written statement of exception from Ex-Im Bank attached to this certification, permitting participation in this Covered Transaction despite an inability to make certifications a) through d) in this paragraph.

The applicant further certifies that it has not and will not knowingly enter into any agreements in connection with the Goods and Services with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction. All capitalized terms not defined herein shall have the meanings set forth in the Ex-Im Bank Suspension and Debarment Regulations at 12 C.F.R. Part 413 (Regulations).

In addition, the applicant further certifies that it has not, and will not, engage in any activity in connection with this transaction that is a violation of a) the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 78dd-1, et seq. (which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business), b) the Arms Export Control Act, 22 U.S.C. 2751 et seq., c) the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq., or d) the Export Administration Act of 1979, 50 U.S.C. 2401 et seq.; nor been found by a court of the United States to be in violation of any of these statutes within the preceding 12 months, and to the best of its knowledge, the performance by the parties to this transaction of their respective obligations does not violate any other applicable law.

The applicant certifies that the representation made and the facts stated in this document and any attachments are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts, and if any of the certifications made herein become untrue, Ex-Im Bank will be promptly informed of such changes. The applicant further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001, et seq.).

Notices

The applicant is hereby notified that information requested by this application is done so under authority of the 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. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. Ex-Im Bank may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page).

Public Burden Statement: Reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

Applicant (Exporter) name:
Name and title of authorized officer:
Signature of Authorized officer:
Date:

Attachment I: Credit Information Requirements

Directions: The required credit information depends on whether the PSOR is the buyer or corporate guarantor, or a financial institution guarantor and on the amount of credit support requested. Check the boxes that are applicable to your transaction.

. \square The PSOR is not a financial i	nstitution:		
a) Provide details of the exporte	r's experience with the bu	ver	
Does the exporter have any ex			
If yes, provide the following i		. — —	
Date of first sale to the buy	er:		
Date of first credit sale to the	ne buyer:		
Historic credit experience v	vith the buyer:		
Yearly Credit Experience	Current year	Prior year 1	Prior year 2
Total amount sold			
Total amount on credit Highest amount			
outstanding for which			
exporter has been paid			
Payment terms/tenor			
Is there an amount past due If yes, enter amount due and Provide reasons for past due If past dues were due to for due? ☐ yes ☐ no	? yes no d due dates es: eign exchange problems, or ting financial information below the box		
 credit agency repo 	rt <u>or</u> trade reference or ap	plicant's ledger experience	
☐ The transaction is between	een \$50, 001 and \$100, 00	0:	
 credit agency repo 	rt <i>and</i> trade reference or a	pplicant's ledger experience	
☐ The transaction is between	en \$100,001 and \$300, 00	00:	
 credit agency repo 			
		nd applicant's ledger experie	ence. or
	ears signed fiscal year-end		
	een \$300, 001 and \$ 1,000		
credit agency repo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
two trade reference			
		anta fandhalast (C 1	and that adams tale distance Co
		nents for the last two fiscal ye eliance on the information pr	ears that adequately disclose financial ovided.

☐ The tran	saction is between \$1,000,001 - \$10,000,000
•	credit agency report
•	• two trade references
•	bank reference
•	 audited or signed unaudited financial statements for the last three fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.
2. The PSO	OR is the financial institution guarantor.
	ovide details of the exporter's experience with the financial institution guarantor. Include dates and amounts of previou actions with the PSOR or indicate None
b. Pr	ovide supporting financial information.
Check the box	x that applies to your transaction and provide the information noted below the box
☐ The tran	saction is for an amount up to \$1 million:
• One	favorable reference from creditor bank.
	short-term debt rating of the PSOR from S & P, Moody's or Fitch IBCA. Ratings must be B, P-3 or F3 or better, ectively.
• Most	t recently published fiscal year end or interim statements or statement spreads from Fitch IBCA, or Bankscope.
☐ The tran	nsaction is for between \$1,000,001 and \$10,000,000
• One	favorable reference from a creditor bank

• If the PSOR does not have an acceptable current market rating, provide most recently published audited financial statements that adequately disclose financial condition and were prepared in accordance with to accounting principles that afford a reasonable basis for reliance on the information provided.

Attachment II Pre-shipment Questionnaire

Details of Coverage Requested		
a) Provide the reason pre-shipment coverage is requested		

- b) Indicate the date the contract was executed or the anticipated date of signing
- c) Indicate the estimated period between the contract date and the final shipment date
- d) Provide a schedule of any progress payments made or to be made by the buyer or during the pre-shipment period, or indicate none:

Attachment III. Enhanced Assignment Questionnaire

If requesting Enhanced Assignment, attach

- A bank reference on the exporter/applicant dated within six months of the application
- Two trade references dated within six months of the application
- Financial statements on the exporter/applicant as follows, for a policy limit of liability of:

 $\$500,\!000$ or less signed by an authorized officer for the applicant/exporter

\$500,001 - \$999,999 reviewed by a CPA with notes attached

\$1,000,000 or more audited by a CPA with opinion and notes attached

Attachment IV Additional Named Insured Questionnaire

Indicate the name of the additional named insured as follows:

Legal Name:		
Address:		
City:		
State:		
Country:		
Zip/ Postal Code:		
Relationship to Applicant:		
Role in the transaction:		
E-mail:		
Contact person:		

Attachment V – Warehouse Information

If you requested the Spec	ial Coverage – Warehouse, answer the following questions about the warehouse
Warehouse Type: Own	ned or controlled by exporter
	☐ Bonded warehouse
	Neither
Warehouse Location:	City
	State/Province
	Country