



EXPORT-IMPORT BANK *of the* UNITED STATES

NOTICE OF CLAIM AND PROOF OF LOSS BANK EXPORT CREDIT INSURANCE POLICY (ELC)

Please send this completed form to :
Export-Import Bank of the U.S., Asset Management Division
811 Vermont Ave., NW, Washington, DC 20571 (202) 565-3600

Date Received: _____

Claim No.: _____

SECTION A. NAMES AND ADDRESSES (please provide full names and addresses)

<p>A.1 Insured</p> <p>Contact: Phone: _____ Fax: _____</p>	<p>A.4 Issuing Bank</p> <p>Contact: _____ Fax: _____ Phone: _____ Telex: _____</p>
<p>A.2 Broker <input type="checkbox"/> None</p> <p>Contact: Phone: _____ Fax: _____</p>	<p>A.5 Other</p> <p>Contact: Phone: _____ Fax: _____</p>
<p>A.3 Exporter</p> <p>Contact: Phone: _____ Fax: _____</p>	

SECTION B. CERTIFICATIONS OF INSURED

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. it has completed and attached the following sections: A; B; C; D; E; F; G; H;
2. the amount claimed is presently owing by the Issuing Bank;
3. there are no unresolved documentary credit disputes between the Insured and the Issuing Bank on any outstanding insured transactions;
4. it has not made any discounts, allowances, rebates or commissions, except as follows and has not made any payments to the Issuing Bank (None);
5. the obligation has been authenticated by tested telex or other means specified by the credit agreement or other documented agreement between the Issuing Bank and the Insured;
6. to the best of its belief, it has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and it has not withheld any material facts.
7. the rates of interest charged are legally valid and enforceable for the approved currency under the laws of the country of the Issuing Bank.

Name: _____

Title: _____

Date: _____

Signature: _____

SECTION C. RELEASE AND ASSIGNMENT

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of a claim payment check. This will expedite your claim payment in the event of claim approval.

WHEREAS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured; AND WHEREAS, the Insured has filed a claim under insurance policy _____ on the proof of loss dated _____; NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows: In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or hereafter can, shall or may have relating to this claim. AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer under the transactions and accounts relating to the Claim, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal steps as they deem proper or necessary in connection herewith. In witness whereof, the Insured has caused this instrument to be signed this _____ day of _____, _____.

(Name of Insured)

By: _____
(Signature)

Name and Title: _____
(Print)

State of _____

County of _____

I, _____ a notary public in _____ and for the aforesaid County and State, do hereby certify that on this day, before me personally

came _____ to me known, who, being duly sworn, did depose and say that he/she is the _____ of _____, the entity described herein and which executed the foregoing instrument; and that he/she has full authority to complete and execute the said instrument in the name of, and on behalf of, the said entity.

In witness whereof, I have hereunto set my hand and seal this _____ day of _____, _____.

Notary Public Signature

(Seal)

SECTION D. POLICY INFORMATION

Policy No.: _____ Effective Date: _____	IBCL Amount: _____	Endorsement No.: _____ Date Premium Paid: _____ Pre-presentation: _____ Insured Transaction: _____
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SECTION E. CLAIM INFORMATION

Date of First Presentation of Documents: The Issuing Bank's Obligation is Based On: <input type="checkbox"/> Sight payment <input type="checkbox"/> Deferred payment <input type="checkbox"/> Acceptance of drafts <input type="checkbox"/> Negotiation <input type="checkbox"/> Refinancing of a sight letter of credit Terms of Letter of Credit: First Default Date:	Policy Provision Claimed Under Article 2: <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2 <input type="checkbox"/> Risk 3 <input type="checkbox"/> Risk 4 <input type="checkbox"/> Risk 5 Was pre-presentation agreement elected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of Bank Commitment:
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SECTION F. CLAIM DOCUMENTATION

1. Letter of Credit Enclosed
2. Exporter's Certificate Enclosed
3. Evidence of Payment Acceptance Negotiation by Insured Enclosed
4. Credit Agreement Enclosed
5. Confirmation of Presentation to Issuing Bank Enclosed
6. Documents showing written demand on Issuing Bank Enclosed
7. Any other related correspondence Enclosed
8. Transport Document Enclosed
9. Invoice Enclosed
10. Evidence of Bank Commitment (only if pre-presentation agreement was elected) Enclosed

A. Have any funds been received from the Issuing Bank which are available to offset claim amounts?

Yes No

If so, how much? _____

B. Use the space provided below to add any comments you wish to make regarding this claim including a summary of the events leading up to this claim.

SECTION G. SCHEDULE OF TRANSACTIONS

All outstanding insured transactions with this Issuing Bank must be scheduled and included with this claim whether or not they are presently eligible for coverage.

If transactions were made in more than one policy year please complete a separate Schedule G for each policy year.

Policy Year _____ to _____
 Month Day Year Month Day Year

ALL CLAIMS				TRANSFER				RISK ONLY		
L/C Number	Transaction Date	Transaction Amount	Terms	Due Date(s)	Partial Payment	Transactions Reported	Date of Debit	Amount	Deposit Within 90 Days?	
									Yes	No

Total Insured outstandings: _____

Are there any uninsured amounts with this Bank? Yes No

If so, please indicate how much \$ _____

