



APPLICATION FOR SHORT-TERM MULTI-BUYER EXPORT CREDIT INSURANCE POLICY

Applicant Name: dba:
Contact Person: Phone #:
Position Title: Fax #:
Street Address: E-mail:
City: State: Country: Nine-digit zip code:
Brokerage: Broker Contact:

(optional) Is the majority ownership of your business represented by [] women or [] an ethnic minority?

How did you learn about Ex-Im Bank? [] Ex-Im Bank Regional Office [] Broker [] Bank [] U.S. Export Assistance Center
[] Ex-Im Bank City/State Partner [] Other (describe):

- 1. Primary reason for application: [] risk mitigation [] financing [] extend more competitive terms
2. Do you have a credit line with a financial institution (exclude overdraft protection and credit cards) [] YES [] NO
3. Do you have an SBA or Ex-Im Bank Working Capital Loan? SBA [] YES [] NO EXIM [] YES [] NO
4. Total number of your employees and those at companies with whom you are affiliated:
5. How many hours of work by U.S. employees of your company will production of the good(s) or provision of the service(s) require?
6. To deliver as contracted, what percentage of the hours identified above will:
- Maintain current level of employment, as the order will be filled by currently scheduled output, and/or
- Be associated with increased U.S. employment because the order requires either use of currently idle capacity or an increase in current capacity?

7. Average total of annual export credit sales over the last two years for you and your affiliates: \$
8. Do you wish to insure export credit sales made by your affiliates? (If yes, please refer to "additional named insured" eligibility criteria in question # 27. Answers to all remaining questions must include eligible affiliates you wish to add.)

- 9. Product and/or services to be exported & NAICS (if known):
10.(a) For SBA defined Small Businesses Only: Was each of the products to be covered under the policy manufactured or reconditioned with more than 50% U.S. content (comprised of all direct and indirect costs including but not limited to, labor, materials, research and administrative costs, but excluding net profit)? [] Yes [] No
(b) If the answer to 10(a) is "No" because one or more of your products contains less than 50% U.S. content, then coverage is available for the U.S. content only in each product with less than 50% U.S. content. Please indicate if you are seeking coverage for products with less than 50% U.S. content. [] Yes [] No
(c) If the answer to 10(a) is "No" you may also obtain coverage on an aggregated basis for all products on an invoice, provided that a Content Report is submitted at the time of shipment (please see applicable Fact Sheet for information on aggregation). Please indicate if you are seeking coverage on an aggregated basis. [] Yes [] No

* PLEASE NOTE THAT YOU MAY ANSWER "YES" TO EITHER OR BOTH (b) AND (c) ABOVE.

(d) For Non-SBA Defined Small Businesses: Was each of the products to be covered under the policy manufactured or reconditioned with more than 50% U.S. content (labor, materials and direct overhead, but excluding net profit)? [] Yes [] No

11. Do you sell Capital Goods to foreign manufacturers or producers? [] Yes [] No (if yes, attach explanation)

12. Are the Products to be covered under the policy:

Table with 4 rows and 2 columns. Rows: Manufactured or reconditioned in the U.S., Shipped from the U.S., Sold to Military entities or Security Forces?, Used to support Nuclear Energy?. Columns: YES/NO checkboxes. Additional rows: Environmentally Beneficial?, Supporting Renewable Energy?, On the U.S. Munitions List? (part 121 of title 22 of the Code of Federal Regulations).

Note: Your buyers, their guarantors (if any), and end users of the products must be in countries where Ex-Im Bank is able to provide support, see Ex-Im's (CLS) at www.exim.gov. There may not be trade measures or sanctions against them under Section 201 Trade Act of 1974 For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions, see (Anti-Dumping or Countervailing Sanctions).

13. Policy Payment Limit Requested: \$ _____
(maximum export credit receivables outstanding at any one time)

14. Buyer Types: % Manufacturers % Wholesalers/Traders % Retailers % Service Providers

15. Projected # of buyers to whom you will offer export credit terms: _____

16. Enter the percentage of export credit sales by payment and term type projected for the next twelve months: _____

Payment Type	Terms (# of days) (must total 100%, collectively)							
	Sight	1-30	31-60	61-90	91-120	121-180	181-270	271-360
Unconfirmed L/C								
Open account or Draft								

(enter "Cash Against Documents" in the "Sight" column and "Open account/Draft" row)

17. Export Credit Portfolio (enter amounts for the next 12 months. If more than 9 countries, enter the balance in "all other")

Country Export	Credit Sales	Country Export	Credit Sales
"All other countries"			

18. Identify your three (3) largest buyers:

Name	Country	Export Credit Sales (next 12 months)

19. Year you began:

a) Exporting?

b) Exporting on credit terms (other than cash in advance or confirmed letters of credit)?

20. For the last three years what were your total export credit:
(include factored or insured receivables and attach any comments)

Sales

write-offs

of accounts written-off



21. Highest average amount of export receivables outstanding over the last twelve months:

22. Total export receivables outstanding: at (date should be within 30 days of the application)

current 1-60 days past due 61-90 days past due 91-180 days past due 180 days past due

23. Number of buyers past due more than 60 days for \$10,000 or more:

24. For each buyer over 60 days past due for \$10,000 or more, attach an explanation including name of buyer, country, amount past due, due date, and reason for past due.

25. Name(s) of export credit decision maker(s):	Title(s):	Years of Credit Experience	Years of Foreign Credit Experience

26. Please submit the following as Attachments:

- Credit Report on your company dated within 6 months of the application
- Your financial statements for the two most recent completed fiscal years (with notes if available)
- Descriptive product brochures (if available).
- Other pertinent information you wish to include.

27. **Special Coverages** Required: If "none" check NA

Add Additional Named Insureds (ANI's). Credit decisions of each affiliate listed must be centralized with the Applicant and each affiliate must invoice export credit sales in their own name (or tradestyle); if either is not applicable, please attach an explanation. Questions 7-25 should include export sales of prospective ANI's.

Are the products of each affiliate the same as the applicant's products listed in question 4 of this application?

Affiliate Company/Trade style	Street Address/City / State / Country	NAICS Code	Relationship to Applicant

Services (Please attach a copy of your sample services contract) Services must be: performed by U.S. based personnel or those temporarily domiciled overseas, and billed (invoiced) separately from any product sales.

Small Business Policy To be eligible, your company, together with your affiliates, must have had average annual export credit sales during the preceding two fiscal years not exceeding \$7,500,000, excluding sales made on terms of confirmed irrevocable letters of credit (CILC) or cash in advance (CIA).

Enhanced Assignment of small business insurance policy proceeds. This is exporter performance risk protection that may be offered to lenders willing to finance Ex-Im Bank insured receivables. **Applicant Please Attach:**

- Written bank reference describing your relationship to date and size of existing credit line.
- 2 written trade references from principal commercial suppliers.
- For applications with policy limits over \$500,000, financial statements must be audited or CPA reviewed with notes.

Other (please specify):



CERTIFICATIONS AND NOTICES

The Applicant (hereafter "Applicant" or "it") **CERTIFIES, ACKNOWLEDGES and COVENANTS to the Export-Import Bank of the United States** (hereafter "Ex-Im Bank") that to the best of Applicant's knowledge and belief, after due diligence, the statements set forth below are true and correct. Any reference below to "this transaction" shall refer to either the individual transaction or the Ex-Im Bank program or Insurance Policy that is the subject of the application, as appropriate.

- A.** Neither Applicant, nor any of its Principals (as defined in the Debarment Regulations identified below), has, within the past 3 years, been:
 - 1) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction (as defined in the Ex-Im Bank and Government-wide debarment regulations, found at 2 CFR Part 3513 and 2 CFR Part 180, respectively) (collectively the "Debarment Regulations");
 - 2) formally proposed for debarment from participating in a Covered Transaction, with a final determination still pending;
 - 3) indicted, convicted or had a civil judgment rendered against it for any conduct or offenses described at 2 CFR § 180.800 in the Debarment Regulations;
 - 4) delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of execution of this certification; or
 - 5) listed on any of the publically available debarment lists of the following international financial institutions: the World Bank Group; the African Development Bank; the Asian Development Bank; the European Bank for Reconstruction and Development, and the Inter-American Development Bank;**or**
the Applicant has received a written statement of exception from Ex-Im Bank attached to this certification, permitting acceptance of this application notwithstanding an inability to make all of the certifications in clauses 1) through 5) of this section A.
- B.** Applicant has conducted and will conduct reasonable due diligence in connection with this transaction, including checking the **Excluded Parties List System** (<http://www.epls.gov/epls/search.do>) ("EPLS") and the **Specially Designated Nationals ("SDN") List** of the **Department of the Treasury, Office of Foreign Assets Control ("OFAC")** (<http://www.ustreas.gov/offices/enforcement/ofac/sdn/>). Applicant will not knowingly enter into any sales, leasing or financing agreements in connection with this transaction with any individual or entity that is listed on the EPLS or the SDN List (or is otherwise prohibited from conducting business with U.S. public and private entities pursuant to OFAC Regulations).
- C.** Either: (1) To the best of Applicant's knowledge and belief, **no funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:
 - (a) an officer or employee of any U.S. Government agency, or
 - (b) a Member of Congress or a Member's employee, or
 - (c) an officer or employee of Congress;*(This does not apply to commissions paid by the Bank to insurance brokers.)*
or (2) Applicant will complete and submit **Form-LLL** (the Anti-Lobbying Declaration/Disclosure forms available at <http://www.exim.gov/tools/appsforms/documents/eib95-10all.pdf>)
- D.** Neither Applicant nor any agent or representative acting on Applicant's behalf, has or will engage in any activity in connection with this transaction that is a violation of: 1) the **Foreign Corrupt Practices Act of 1977**, 15 U.S.C. § 78dd-1, et seq.; 2) the **Arms Export Control Act**, 22 U.S.C. § 2751 et seq., 3) the **International Emergency Economic Powers Act**, 50 U.S.C. § 1701 et seq., 4) the **Export Administration Act of 1979**, 50 U.S.C. § 2401 et seq., and, 5) the regulations issued by the **OFAC**. Applicant also certifies that neither Applicant nor any agent or representative acting on Applicant's behalf, has been found by a court of the United States to be in violation of any of the foregoing statutes or regulations 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 of the foregoing or any other applicable law.
- E.** Neither the Applicant nor any agent or representative acting on Applicant's behalf in connection with this transaction is currently under charge or has been, within the past 5 years, convicted in any court of any country, or subject to national administrative measures of any country, for bribery of public officials.
- F.** The representations made and the facts stated in this application and its attachments **are true and Applicant has not misrepresented or omitted any material facts**. Applicant further covenants that if any statement(s) set forth in this application becomes untrue, or is discovered to have been untrue when made, Applicant will promptly inform Ex-Im Bank of such change. Applicant further understands that in accepting or approving this application, Ex-Im Bank is relying upon Applicant's statements set forth in the application and on the foregoing certifications, and all statements and certifications to Ex-Im Bank are subject to the penalties for false or misleading statements to 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. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform Ex-Im Bank of such changes. 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). Ex-Im Bank reserves the right to decline to process or to discontinue processing of an application.

Paperwork Reduction Act Statement: We estimate that it will take you about 1 hour(s) to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB# 3048-0023 Washington, D.C. 20503.

(Signature)

(Print Name and Title)

(Date)