



# Export-Import Bank of the United States

OMB #3048-0019  
Expires 10/31/2012

## APPLICATION FOR FINANCIAL INSTITUTION SHORT-TERM, SINGLE-BUYER INSURANCE

This application is to be completed by a financial institution (or a broker acting on its behalf) in order to obtain a short-term insurance policy covering transactions 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 at 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 e-mailed 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](mailto:exim.applications@exim.gov))

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### APPLICATION FORM

#### Applicant/Lender

The applicant is the financial institution that extends the Ex-Im Bank insured loan to the buyer.

Applicant legal name: \_\_\_\_\_ State: \_\_\_\_\_

Contact person: \_\_\_\_\_ Country: \_\_\_\_\_

Position title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Broker (if applicable):

Name of Broker: \_\_\_\_\_

Ex-Im Bank Broker #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### 1. GENERAL QUESTIONS

#### A. Coverage Types Requested

Risk coverage

- Comprehensive Risk  
 Political Risk

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Type of credit

- Buyer credit (based on applicant's relationship with the buyer or guarantor)
- Supplier credit (based on the applicant's relationship with the exporter or supplier)

Is this a resubmission of a previously withdrawn, returned or denied application, or a renewal for an existing policy?

- Yes
- No

If yes, indicate previous transaction number: \_\_\_\_\_

**B. Primary Reason for applying for this policy**

- Risk Mitigation
- Financing
- To offer more competitive terms

**C. Primary point of contact for this applicant/application**

- Lender
- Broker

**2. SPECIAL COVERAGES**

Check the boxes for the special coverages that apply to this transaction. Complete and attach the requested forms, where applicable.

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Shipment to address in the U.S.   | <input type="checkbox"/> Services         | <input type="checkbox"/> Additional Named Insured Attachment III - ANI required                                  |
| <input type="checkbox"/> Foreign Currency Coverage<br>-indicate currency _____<br>- currency of supply contract<br><input type="checkbox"/> US dollar<br><input type="checkbox"/> foreign currency | <input type="checkbox"/> Bulk Agriculture | <input type="checkbox"/> Documentary Cover (question applicable only to supplier credits) Attachment II required |
| <input type="checkbox"/> Warehouse – Attachment IV Required  | <input type="checkbox"/> Other            |  |

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**3. PARTICIPANTS**

Provide information on the additional participants to the transaction.

**Exporter**

The exporter is the U.S. entity that contracts with the buyer for the sale of the U.S. goods and services.

|                       |              |      |
|-----------------------|--------------|------|
| Applicant legal name: | State:       |      |
| <hr/>                 |              |      |
| Contact person:       | Country:     |      |
| <hr/>                 |              |      |
| Position title:       | E-mail:      |      |
| <hr/>                 |              |      |
| Street Address:       | Phone:       |      |
| <hr/>                 |              |      |
| City:                 | Postal Code: | Fax: |
| <hr/>                 |              |      |

**Supplier**

The supplier is the U.S. entity that manufactures the goods and/or performs the services to be exported. Check  if the exporter is the supplier and there are no additional suppliers. Enter any additional suppliers, or check  various:

|                      |              |      |
|----------------------|--------------|------|
| Supplier legal name: | State:       |      |
| <hr/>                |              |      |
| Contact person:      | Country:     |      |
| <hr/>                |              |      |
| Position title:      | E-mail:      |      |
| <hr/>                |              |      |
| Street Address:      | Phone:       |      |
| <hr/>                |              |      |
| City:                | Postal Code: | Fax: |
| <hr/>                |              |      |

**Buyer** The buyer is the entity that contracts with the exporter for the purchase of U.S. goods and services.

|                   |               |
|-------------------|---------------|
| Buyer legal name: | Postal Code : |
| <hr/>             |               |
| Contact person:   | Country:      |
| <hr/>             |               |
| Position title:   | E-mail:       |
| <hr/>             |               |
| Street Address:   | Phone:        |
| <hr/>             |               |
| City:             | Fax:          |
| <hr/>             |               |

**Guarantor**

The guarantor is the person or entity that agrees to repay the credit if the buyer does not. Refer to the short-term credit standards to determine in what circumstances personal or corporate guarantors are required.

Is a guarantor involved in this transaction? Yes  No

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If yes, is the guarantor  an individual or  a company?

Guarantor legal name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Position title: \_\_\_\_\_  
Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Fax: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### End-user

The end-user is the foreign entity that uses the U.S. goods and services:

Check if the end-user is also the buyer.

End-user legal name: \_\_\_\_\_ Province : \_\_\_\_\_

Contact person: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Position title: \_\_\_\_\_  
Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Fax: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Agent:

An agent is a business entity or individual located in the country of the borrower or buyer who has assisted in the sourcing, packaging, and/or preparation of a request for support from Ex-Im Bank, and which will receive compensation in some form for their services.

Is an agent involved in this transaction? yes  no

If yes, add the agent information below:

Agent legal name: \_\_\_\_\_ Province : \_\_\_\_\_

Contact person: \_\_\_\_\_ Country: \_\_\_\_\_

Position title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

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### Related Parties

Describe any direct or indirect ownership or family relationship that exists between any of the participants. If none, so indicate:

None.

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### Primary Source of Repayment (PSOR)

The PSOR is the entity whose financial statements 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.). If business combination, indicate which entities comprise the combination \_\_\_\_\_

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Is the PSOR a financial institution?      Yes  No

Select the risk category:      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.

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## 4. TRANSACTION DESCRIPTION AND ELIGIBILITY

Provide a description of the products or service, including their NAICs code, if known:

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Answer the following questions about the 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  no

Are these products on the munitions control list?      yes  no

Are the products new or used?      new  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 an explanation: \_\_\_\_\_

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**5. FINANCED AMOUNTS AND STRUCTURE**

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

| Payment type                             | Payment terms requested (number of days) |          |          |          |           |           |           |           |
|--|--|----------|----------|----------|-----------|-----------|-----------|-----------|
|  | 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                   |  |          |          |          |           |           |           |           |
| Sight Draft Documents Against Payment    |  |          |          |          |           |           |           |           |
| Sight Draft Documents Against Acceptance |  |          |          |          |           |           |           |           |
| Open Acct.                               |  |          |          |          |           |           |           |           |
| Prom Note                                |  |          |          |          |           |           |           |           |

Enter the details of the transaction below:

- This application is for:  Single financing  
 Revolving line
- Indicate whether:  the transaction is still being negotiated  
 the financing mandate has been received

Credit Limit requested: \$ \_\_\_\_\_

Requested effective date: \_\_\_\_\_

**6. CREDIT INFORMATION ON THE PSOR**

The information requested in Attachment I: Credit Information is attached.

**7. NOTICES AND CERTIFICATIONS**

**Anti-Lobbying Disclosure Form**

Please sign the Anti-Lobbying Statement (Attachment V) and, if applicable, the Disclosure Form available at [www.exim.gov/pub/ins/pdf/lll.pdf](http://www.exim.gov/pub/ins/pdf/lll.pdf) and include a copy of the signed form(s) with your application.

**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). The applicant is not listed on any of the publicly available debarment lists of the following international financial institutions:

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World Bank Group, African Development Bank, Asian Development Bank, European Bank for Reconstruction and Development and the Inter-American Development Bank

In addition, the applicant certifies that neither the applicant nor anyone acting on its behalf, such as agents, has engaged, or will engage, in any activity in connection with this transaction that is a violation of the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 78dd-1 et seq. (which provides for civil and criminal penalties against companies and individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business). Further, the applicant has not engaged, and will not engage, in any activity in connection with this transaction that is a violation of the Arms Export Control Act, 22 U.S.C. 2751 et seq., the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq., or the Export Administration Act of 1979, 50 U.S.C. 2401 et seq. The applicant has not 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 neither the applicant nor anyone acting on its behalf in connection with this transaction is currently under charge or has been, within the past 5 years, convicted in any court or subject to national administrative measures of any country for bribery of foreign public officials.

Further, 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# 3048-0019, Washington, D.C. 20503.

Applicant (Financial Institution) Name: \_\_\_\_\_

Name and title of authorized officer: \_\_\_\_\_

Signature of authorized officer: \_\_\_\_\_

Date: \_\_\_\_\_

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**Attachment I: Credit Information Requirements**

Directions: The required credit information depends on the type of PSOR (non-financial institution or a financial institution) and on the amount of credit support requested. Check the boxes that are applicable to your transaction.

**1.  The PSOR is not a financial institution**

a) Provide details of the applicant's experience with the buyer

Does the applicant have any experience with the buyer?  yes  no

If yes, provide the following information:

Date of first transaction with the buyer: \_\_\_\_\_

Date of first credit transaction with the buyer: \_\_\_\_\_

Has the applicant visited the buyer?  yes  no

If yes, indicate the date of the last visit and provide a call report. \_\_\_\_\_

Describe the credit facilities extended to the buyer:  short-term  
 medium-term  
 long-term  
 security  
 none

Total credit limit available to the buyer/corporate guarantor \_\_\_\_\_

Total outstanding short-term balances \_\_\_\_\_

Total outstanding medium-term or long-term balances \_\_\_\_\_

Credit performance  satisfactory  unsatisfactory

Has the applicant ever had credit insurance for the buyer or corporate guarantor before?  yes  no

If yes, enter the name of the insurer, and coverage dates and amounts \_\_\_\_\_

b) Provide the applicable supporting financial information on the PSOR.

Check the box that applies to your transaction and provide the information noted below the box

- The transaction is for an amount up to \$1 million:
- A credit report on the PSOR dated within six months of the application
  - Two trade references on the PSOR of similar amounts and payment terms and dated within six months of the application
  - the applicant's credit memorandum on the PSOR
  - the applicant's call report on the PSOR (if applicable)
  - audited or signed unaudited financial statements with notes for the last 2 fiscal years which adequately disclose financial condition and afford a reasonable basis for reliance on the information provided
- The transaction is over \$1 million
- A bank reference on the PSOR not older than 6 months from the date of application
  - A credit report on the PSOR dated within six months of the application
  - Two trade references on the PSOR of similar amounts and payment terms and dated within six months of the application
  - The applicant's credit memorandum on the PSOR



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- The applicant's call report on the PSOR (if applicable)
  
- Three fiscal year end audited financial statements with notes and the most recent interim statements with notes if the last fiscal year end is more than nine months prior to application

2.  **PSOR is a financial institution**

a) Provide details of the applicant's experience with the financial institution guarantor. Include dates and amounts of previous transactions with the PSOR or indicate  none

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b) Provide the applicable supporting financial information on the PSOR:

Check the box that applies to your transaction and provide the information noted below the box

- The transaction is for an amount up to \$1 million:
  - One short-term debt rating of the PSOR from S&P, Moody's or Fitch. Rating must be B, P-3 or F3 or better.
- The transaction is for between \$1,000,001 and \$10,000,000
  - One short-term debt rating of the PSOR from S&P, Moody's or Fitch. Rating must be B, P-3 or F3 or better.
  - 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 accounting principles that afford a reasonable basis for reliance on the information provided.

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**Attachment II. Documentary Cover Attachment**

If the credit is a supplier credit, and documentary cover is requested, provide the following:

- A bank reference on the exporter dated within six months of the application
- Two trade references on the exporter dated six months of the application
- Financial statements on the exporter as follows
  - \$500,000 or less signed by an authorized office for the 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

Note that typically documentary cover is only provided for a supplier credit when the exporter/supplier is a small business. Call Ex-Im Bank's Trade Finance and Insurance Division at 202-565-3600 with further questions.

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**Attachment III: 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: \_\_\_\_\_

Contact: \_\_\_\_\_

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**Attachment IV – Warehouse Information**

If you requested the Special Coverage – Warehouse, answer the following questions about the warehouse

- Warehouse Type:       Owned or controlled by exporter  
                                  Bonded warehouse  
                                  Neither, provide details

Warehouse Location:  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Country\_\_\_\_\_

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**Attachment V**

**Anti-Lobbying Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," (available at [www.exim.gov/pub/ins/pdf/lll.pdf](http://www.exim.gov/pub/ins/pdf/lll.pdf)) in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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**Signature**

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**Title**

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