



NOTICE OF CLAIM PROOF OF LOSS MEDIUM - TERM LONG - TERM GUARANTEE

This Notice of Claim and Proof of Loss – Medium- and Long-Term Guarantee application is for requesting a claim payment under the EXIM Guarantee program. An on-line version of this Notice of Claim and Proof of Loss is available on EXIM's website. EXIM encourages customers to submit in EXIM Online, <https://eximonline.exim.gov/apps/bap>, as it will facilitate EXIM's review and provide customers a faster response time.

SECTION A - NAMES AND ADDRESS (please provide full names and addresses)

Guaranteed Lender Making Demand for Payment

Master Guarantee Agreement (MGA) No.: EXIM Transaction No. (AP No.):

Name: Contact Name:

Address:

City: State: Zip Code: Country:

Email: Phone No.:

Current Holder of Original Note

Who is the current holder of the original note? Same as the Guaranteed Lender PEFCO
If PEFCO, does the guarantee fall under the 1971 Agreement? check if Yes

Borrower: Name:

Address: Contact:

City: State: Zip Code: Email:

Country: Phone No.:

First Guarantor: Name: Click here if not applicable: Not Applicable

Address: Contact:

City: State: Zip Code: Email:

Country: Phone No.:

Second Guarantor: Name: Click here if not applicable: Not Applicable

Address: Contact:

City: State: Zip Code: Email:

Country: Phone No.:

Third Guarantor: Name: Click here if not applicable: Not Applicable

Address: Contact:

City: State: Zip Code: Email:

Country: Phone No.:

Assignee: Name: Click here if not applicable: Not Applicable

Address: Contact:

City: State: Zip Code: Email:

Country: Phone No.:

Exporter: Name: _____ Click here if not applicable: Not Applicable

Address: _____ Contact: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Country: _____ Phone No.: _____

Note: If there are more parties for this transaction than noted above, please attach the name, address, and contact information on these additional participants and send to EXIM along with the other required documentation. To expedite your claim, we recommend online claim filing. However, if you choose to submit your claim by mail, it is advisable to send it via overnight mail: Claims/ CACP, Export-Import Bank of the U.S., 811 Vermont Avenue, NW, Washington, DC 20571.

SECTION B - GUARANTEE INFORMATION

What are the goods and/or services?	
What is the U.S. content percentage?	
What is the total contract price?	
What is the amount of the cash payment?	
Exposure fee paid date:	Exposure fee paid, \$
Is your guarantee Medium-Term or Long-Term?	<input type="checkbox"/> Long-Term <input type="checkbox"/> Medium-Term

SECTION C - CLAIM INFORMATION

First Disbursement:	Fourth Disbursement:
<input type="text"/>	<input type="text"/>
Second Disbursement:	Fifth Disbursement:
<input type="text"/>	<input type="text"/>
Third Disbursement:	Sixth Disbursement:
<input type="text"/>	<input type="text"/>
What is the first default date?	
<input type="text"/>	
What is the reason for the claim filing?	
<input type="text"/>	

SECTION D1 - PROMISSORY NOTE ONE

Note Information Check here if not applicable:

Have in Possession? Date of Promissory Note: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of payments:
Total Principal Amount: <input type="text"/>	Interest Rate: <input type="checkbox"/> Fixed <input type="checkbox"/> Floating	Interest - Method of Calculation: <input type="checkbox"/> 360/360 Days <input type="checkbox"/> 365/365 Days <input type="checkbox"/> 365/360 Days
Number of Installments: Principal: <input type="text"/> Interest: <input type="text"/>	Date Ordinary Interest Paid Through: <input type="text"/>	Have partial payments been applied to defaulted installments? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Due Dates: Date 1st Principal Due: <input type="text"/> Date 1st Interest Due: <input type="text"/>		

Installment Information

Installment Number(s)	Outstanding Principal	From Date	To Date	Number of Days	Principal Due	Principal Paid	Interest Rate (%)	Interest Due	Interest Paid

Additional Comments:

SECTION D2 - PROMISSORY NOTE 2

Note Information

Check here if not applicable

Have in Possession? Date of Promissory Note: <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of payments:
Total Principal Amount: <input type="text"/>	Interest Rate: <input type="checkbox"/> Fixed <input type="checkbox"/> Floating Rate - Method of Calculation: <input type="checkbox"/> 360/360 Days <input type="checkbox"/> 365/365 Days <input type="checkbox"/> 365/360 Days
Number of Installments: Principal: <input type="text"/> Interest: <input type="text"/>	Date Ordinary Interest Paid Through: <input type="text"/>
First Due Dates: Date 1st Principal Due: <input type="text"/> Date 1st Interest Due: <input type="text"/>	

Installment Information

Installment Number(s)	Outstanding Principal	From Date	To Date	Number of Days	Principal Due	Principal Paid	Interest Rate (%)	Interest Due	Interest Paid

Additional Comments:

SECTION E - CLAIM - ESTIMATED ELIGIBLE LOSS

Estimated Claim Payment Amount

a) Total face value of Note(s) from Section D1 through D2.	(+)	
b) Total principal payment(s) received.	(-)	
c) Loss (principal only)		
d) Interest Outstanding		
e) Subtotal Estimated Claim Payment		
f) % of Guarantee Coverage	(%)	
g) Total Estimated Claim Payment		

SECTION F - WIRE INSTRUCTIONS

Routing Bank Name	
Recipient Bank Name	
Recipient Bank's Address:	
ABA #	
Account Name:	
Account #:	
Attention:	

SECTION G – CLAIM SUPPORTING DOCUMENTATION & CERTIFICATIONS

Demand Letter to Borrower:	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not required	Date of the Demand Letter:
Demand Letter(s) to Guarantor(s):	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not required	Date of the Demand Letter:
Lender Credit Agreement:	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not required	
Annex B:	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not required	
Promissory Note(s):	<input type="checkbox"/> Enclosed	
Assignment:	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not required	
Security Interest documentation if required:	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not required	
Other:		
Other:		
Other:		

SECTION H – NOTICES AND SIGNATURE

Name of Lender’s Authorized Representative: _____
 Title: _____
 Name of Lender: _____
 Street Address: _____
 City: _____
 State/Province: _____ Postal Code: _____
 Email: _____
 Phone Number: _____
 Signature: _____

NOTICES

Please refer to the Lender Certifications for Notice of Claim and Proof of Loss – Medium-Term and Long-Term Guarantee posted on EXIM’s website as document [EIB 22-01](#). THE CERTIFICATIONS ARE INCORPORATED INTO THIS NOTICE OF CLAIM AND PROOF OF LOSS – MEDIUM-TERM AND LONG-TERM GUARANTEE AS IF FULLY SET FORTH HEREIN. When signing this Notice of Claim and Proof of Loss in the space provided below, the undersigned authorized representative signing on the Lender’s behalf certifies and represents that the undersigned is fully authorized to sign on the Lender’s behalf, and that THE UNDERSIGNED HAS READ the Lender Certifications for Notice of Claim and Proof of Loss – Medium-Term and Long-Term Guarantee referenced above AND IS CERTIFYING, as appropriate, to all of the certifications set forth in that document.

The Lender 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 EXIM 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 EXIM 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. EXIM 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). EXIM reserves the right to decline to process or to discontinue processing any application.

Paperwork Reduction Act Statement: We estimate that it will take you about 90 minutes per response, that 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 EXIM and the Office of Management and Budget, Paperwork Reduction Project, OMB # 3048-0034, Washington, DC 20503.