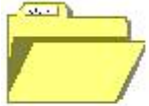## Short-term Multi-buyer Policy Claim
Section C - Claim Information

Claim Control No.:CAP0001091 **(Draft)**

Complete the following:

(* An asterisk denotes that a field is a required entry)

What is the earliest date shipped?	Help	* Month ___ Day ___ , Year ___
What are the original terms of sale?	Help	*
What is the first default date?	Help	* Month ___ Day ___ , Year ___
What is your claim filing deadline?	Help	* Month ___ Day ___ , Year ___
What are the products?	Help	*
What is the foreign content percentage?	Help	*
What is the reason for the claim?	Help	* Bankruptcy
Has this transaction been rescheduled?	Help	* ⚪Yes ⚪No
Did Ex-Im Bank approve the rescheduling?	Help	* ⚪Yes ⚪No ⚪N/A
Type of foreign buyer.	Help	* Proprietorship
Type of buyer's business.	Help	* Wholesale
Is this non-acceptance coverage?	Help	⚪Yes ⚪No