Working Capital Guarantee Section B - Loan Information



Claim Control No: CAP0001096 (Draft)

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

General Information

What is the reason for the claim?	(ielp	* Bankruptcy
If Other, please explain.		
Was this guarantee approved under lender's delegated authority?		* OYes ONo
Is there a PEFCO assignment?		* OYes ONo

Loan Dates

Loan Dates		
What is the default date?	Hall	* Month Day Year
Date Loan Approved (aka Note date)?	Halp	* Month Day , Year
Loan amount approved?	Hall	*
Last Date Allowed to Disburse?	Halp	* Month Day , Year
Actual Date of Last Disbursement to Borrower?	Help	* Month Day , Year
Renewal Date?	Help	■ Not Applicable Month Day , Year
If past the claim filing deadline, did Ex-Im Bank authorize an extension?	(10)	* OYes ONo

Revolving Lines, Domestic Lines and Collaterlatization

Help * OYes ONo
Help * Yes No
Help
Help Yes No N/A
Help Yes No N/A
Help Yes No N/A
Help *
*()% of Inventory *()% of Receivables

What is the estimated net market value of the remaining collateral?	Help	*		
Transaction-Specific Loans				
Is this transaction-specific?	Help	* Yes No		
Is this transaction under the City State Program?		○Yes ○No		
Has this transaction been rescheduled?	Help	○Yes ○No		
Did Ex-Im Bank approve the rescheduling?	Hab	○Yes ○No ○N/A		
L con Ingurance				
Loan Insurance		Ţ		
Is there a related insurance policy from Ex-	Help	* OYes ONo		
Im Bank? If 'Yes', give policy number.				
Is there a related insurance policy from	Help	* Yes No		
another Insuror?				
If 'Yes', give insuror name, policy number and contact address for Other Insuror.				
Insuror Policy Number:	Help			
Name:	Halp			
Street:	Help			
City:	Help			
State:	Help			
Zip:	Help			
Contact Name:	Help	*		
Phone:	Help	*		
Fax:	Help	*		
E-Mail:	(fide)	*		