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