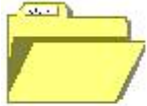## Working Capital Guarantee
Section B - Loan Information

Claim Control No: CAP0001096 **(Draft)**

Complete the following:

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

General Information

What is the reason for the claim?	**Help**	* Bankruptcy
If Other, please explain.		
Was this guarantee approved under lender's delegated authority?	**Help**	* ○ Yes ○ No
Is there a PEFCO assignment?	**Help**	* ○ Yes ○ No

Loan Dates

What is the default date?	**Help**	* Month ___ Day ___ , Year ___
Date Loan Approved (aka Note date)?	**Help**	* Month ___ Day ___ , Year ___
Loan amount approved?	**Help**	* _____
Last Date Allowed to Disburse?	**Help**	* 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?	**Help**	* ○ Yes ○ No

Revolving Lines, Domestic Lines and Collaterlatization

Is this a revolving line?	**Help**	* ○ Yes ○ No
Is there a domestic line? If 'Yes', give the amount	**Help**	* ○ Yes ○ No
What is the current outstanding amount of the domestic line?	**Help**	_____
Is the domestic line current?	**Help**	○ Yes ○ No ○ N/A
Is the domestic line collateralized?	**Help**	○ Yes ○ No ○ N/A
Is there cross collateralization?	**Help**	○ Yes ○ No ○ N/A
What is the approved collateral?	**Help**	*
What is the advance rate of collateral?	**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?	Help	○ Yes ○ No
Has this transaction been rescheduled?	Help	○ Yes ○ No
Did Ex-Im Bank approve the rescheduling?	Help	○ Yes ○ No ○ N/A

Loan Insurance

Is there a related insurance policy from Ex-Im Bank? If 'Yes', give policy number.	Help	* ○ Yes ○ No ☐ -
Is there a related insurance policy from another Insuror?	Help	* ○ Yes ○ No
If 'Yes', give insuror name, policy number and contact address for Other Insuror.		
Insuror Policy Number:	Help	
Name:	Help	
Street:	Help	
City:	Help	
State:	Help	
Zip:	Help	
Contact Name:	Help	*
Phone:	Help	*
Fax:	Help	*
E-Mail:	Help	*