



Export-Import Bank of the United States

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

This application is to be completed by an exporter (or a broker acting on its behalf) in order to obtain a short-term insurance policy covering sales to a single foreign buyer. Repayment terms can be up to 360 days.

An online version of this application is available on Ex-Im Bank's web site. Ex-Im Bank encourages customers to apply on line, as it will facilitate our review and allow customers a faster response time. Additional information on how to apply for Ex-Im Bank insurance can be found on Ex-Im's web site <http://www.exim.gov>.

Send this completed application to Ex-Im Bank, 811 Vermont Ave., NW, Washington, D.C. 20571. Ex-Im Bank will also accept e-mailed pdf and faxed applications. Ex-Im Bank will not require the originals of these applications to be mailed. The application must be PDF scans of original applications and all required attachments. (Fax number 202.565.3380, e-mail exim.applications@exim.gov)

APPLICATION FORM

Applicant/Exporter

The applicant/exporter is the U.S. entity that contracts with the buyer for the sale of the U.S. goods and services.

| | | |
|-----------------------|-----------|------|
| Applicant legal name: | State: | |
| Contact person: | Country: | |
| Position title: | E-mail: | |
| Street Address: | Phone: | |
| City: | Zip Code: | Fax: |

Broker (if applicable):

Name of Broker: _____

Ex-Im Bank Broker#: _____

Contact Person: _____

Fax: _____

E-mail: _____

1. GENERAL QUESTIONS

A. Type of Coverage Requested

- Comprehensive risk
- Political risk

B. Qualification for Coverage

Will the applicant have title to the products at the time they are shipped?

Yes No

Will the applicant directly invoice the buyer?

Yes No

If you answered no to either, you may not be eligible for coverage. Call Ex-Im Bank or your broker for assistance.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

C. Primary Reason for applying for this policy

- Risk mitigation
- Financing
- To offer more competitive terms

D. Is this a resubmission of a previously withdrawn, returned or denied application, or a follow-on policy for the same buyer?

- Yes
- No

If yes, indicate previous transaction number: _____

E. Primary point of contact for this application

- Exporter
- Broker

2. SPECIAL COVERAGES

Check the boxes for the special coverage that apply to this transaction. Complete and attach the requested forms, where applicable.

| | | |
|--|--|---|
| <input type="checkbox"/> Pre-shipment Cover Attachment II – Pre-shipment questionnaire required | <input type="checkbox"/> Shipment to address in US | <input type="checkbox"/> Additional Named Insured Attachment IV - ANI required |
| <input type="checkbox"/> Bulk agriculture | <input type="checkbox"/> Enhanced assignment Attachment III - EA questionnaire required | <input type="checkbox"/> Services |
| <input type="checkbox"/> Warehouse Attachment V – Warehouse information required | <input type="checkbox"/> Foreign currency coverage indicate currency:____ - currency of supply contract <input type="checkbox"/> US dollar <input type="checkbox"/> foreign currency | <input type="checkbox"/> Other |

3. PARTICIPANTS

Provide information on the additional participants to the transaction.

Supplier

The supplier is the U.S. entity that manufactures the goods and/or performs the services to be exported. Check if the exporter is the supplier and there are no additional suppliers. Enter any additional suppliers, or check various:

| | |
|----------------------|--------------|
| Supplier legal name: | State: |
| Contact person: | Country: |
| Position title: | E-mail: |
| Street Address: | Phone: |
| City: | Postal Code: |
| | Fax: |

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Buyer

The buyer is the entity that contracts with the exporter for the purchase of U.S. goods and services.

| | | |
|-------------------|--------------|------|
| Buyer legal name: | State: | |
| Contact person: | Country: | |
| Position title: | E-mail: | |
| Street Address: | Phone: | |
| City: | Postal Code: | Fax: |

Guarantor

The guarantor is the person or entity that agrees to repay the credit if the buyer does not. Refer to the Short-Term Credit Standards to determine in what circumstances personal or corporate guarantors are required.

Is a guarantor involved in this transaction? Yes No

If yes, is the guarantor an individual or a company?

| | | |
|-----------------------|--------------|------|
| Guarantor legal name: | State: | |
| Contact person: | Country: | |
| Position title: | E-mail: | |
| Street Address: | Phone: | |
| City: | Postal Code: | Fax: |

End-user

The end-user is the foreign entity that uses the U.S. goods and services:

Check if the end-user is also the buyer.

| | | |
|----------------------|--------------|------|
| End-user legal name: | State: | |
| Contact person: | Country: | |
| Position title: | E-mail: | |
| Street Address: | Phone: | |
| City: | Postal Code: | Fax: |

Agent

An agent is a business entity or individual located in the country of the borrower or buyer who has assisted in the sourcing, packaging, and/or preparation of a request for support from Ex-Im Bank, and which will receive compensation in some form for their services.

Is an agent involved in this transaction? Yes No

If yes, add the agent information below:

| | | |
|-------------------|--------------|------|
| Agent legal name: | State: | |
| Contact person: | Country: | |
| Position title: | E-mail: | |
| Street Address: | Phone: | |
| City: | Postal Code: | Fax: |

Related Parties

Describe any direct or indirect ownership or family relationship that exists between any of the participants. If none, so indicate: None.

Primary Source of Repayment

The PSOR is the entity whose financial statements or credit information form the basis of Ex-Im Bank’s evaluation of reasonable assurance of repayment, i.e. the entity whose financial statements Ex-Im Bank uses to supply calculate the ratios for Short-Term Credit Standards compliance. For this transaction, indicate whether the PSOR is:

- the buyer,
- the corporate guarantor, or
- business combination, (e.g. the consolidated or combined financial statements of the buyer and one or more corporate guarantors). Indicate which entities comprise the combination _____

Is the PSOR a financial institution? Yes No

Select the risk category of the PSOR: Private sector Public sector

Does the PSOR have a bond rating? Yes No

If yes, indicate the name of the rating agency, rating, and the date of the rating.

4. TRANSACTION DESCRIPTION AND ELIGIBILITY

Indicate whether the sale represents a:

- Firm order
- sale in negotiations
- response to an invitation to bid

Provide a description of the products or service, including their NAICs code, if known:

Regarding the above products or services...

Is each product produced or manufactured in the United States? Yes No

Has at least one-half of the value, exclusive of mark-up, been added by labor or material exclusively of United States origin? Yes No

Are these products on the munitions control list? Yes No

Are the products new or used? New Used

Are the products capital goods that will be used to produce exportable products? Yes No

Will any value be added to the product after export from the U.S.? Yes No

If yes, provide an explanation: _____

Has this transaction been considered by any other export credit insurer? Yes No

If yes, provide details: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

OMB #3048-0018
Expire 7/31/09

5. FINANCED AMOUNTS AND STRUCTURE

Enter the %s for each payment term the exporter will extend to the buyer

| (e) Payment terms requested | (number of days) | | | | | | | |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Please check applicable box | | | | | | | |
| Payment Type | Sight | Up to 30 | Up to 60 | Up to 90 | Up to 120 | Up to 180 | Up to 270 | Up to 360 |
| Cash Against Documents (CAD) | <input type="checkbox"/> | | | | | | | |
| Sight Draft Documents Against Payment (SDDP) | <input type="checkbox"/> | | | | | | | |
| Unconfirmed Irrevocable Letter of Credit (UILC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Open Account | | <input type="checkbox"/> |
| Sight Draft Documents Against Acceptance (SDDA) | | <input type="checkbox"/> |
| Promissory Note | | <input type="checkbox"/> |

Number of shipments: single multiple under one sales contract

Expected date(s) of shipment: _____

Estimated shipment volume to be insured: _____

If multiple shipments, the expected highest amount outstanding during the shipment period: _____

Other security available: _____

6. CREDIT INFORMATION ON THE PSOR

The information requested in Attachment I: Credit Information is attached.

7. NOTICES AND CERTIFICATIONS

Certifications

The applicant certifies that neither it, nor its Principals, have within the past 3 years been a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in, a Covered Transaction, b) formally proposed for debarment, with a final determination still pending, c) indicted, convicted or had a civil judgment rendered against it for any of the offenses listed in the Regulations, d) delinquent on any substantial debts owed to the U.S. Government or its agencies or instrumentalities as of the date of execution of this application; or e) the undersigned has received a written statement of exception from Ex-Im Bank attached to this certification, permitting participation in this Covered Transaction despite an inability to make certifications a) through d) in this paragraph.

The applicant further certifies that it has not and will not knowingly enter into any agreements in connection with the Goods and Services with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction. All capitalization terms not defined herein shall have the meanings set forth in (1) the Export-Import Bank's Non-procurement Debarment and Suspension regulations, 2 C.F.R. Part 3513, adopting by reference, the OMB Guidelines to Agencies on Government wide Debarment and Suspension (Non-procurement), 2 C.F.R. Part 180; and (2) the Debarment, Suspension, and Ineligibility provisions of the Federal Acquisition Regulation, 48, C.F.R. Subpart 9.4.

In addition, the applicant further certifies that it has not, and will not, engage in any activity in connection with this transaction that is a violation of a) the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 78dd-1, et seq. (which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business), b) the Arms Export Control Act, 22 U.S.C. 2751 et seq., c) the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq., or d) the Export Administration Act of 1979, 50 U.S.C. 2401 et seq.; nor been found by a court of the United States to be in violation of any of these statutes within the preceding 12 months, and to the best of its knowledge, the performance by the parties to this transaction of their respective obligations does not violate any other applicable law.

The applicant certifies that the representation made and the facts stated in this document and any attachments are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts, and if any of the certifications made herein become untrue, Ex-Im Bank will be promptly informed of such changes. The applicant further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001, et seq.).

Notices

The applicant 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 Ex-Im Bank being unable to determine eligibility for support. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. Ex-Im Bank 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).

Public Burden Statement: Reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

Applicant (Exporter) name: _____

Name and title of authorized officer: _____

Signature of Authorized officer: _____

Date: _____

Attachment I: Credit Information Requirements

Directions: The required credit information depends on whether the PSOR is the buyer or corporate guarantor, or a financial institution guarantor and on the amount of credit support requested. Check the boxes that are applicable to your transaction.

1. **The PSOR is not a financial institution:**

a) Provide details of the exporter's experience with the buyer

Does the exporter have any experience selling to the buyer? Yes No

If yes, provide the following information:

Date of first sale to the buyer: _____

Date of first credit sale to the buyer: _____

Historic credit experience with the buyer:

| Yearly Credit Experience | Current year | Prior year 1 | Prior year 2 |
|---|--------------|--------------|--------------|
| Total amount sold | | | |
| Total amount on credit | | | |
| Highest amount outstanding for which exporter has been paid | | | |
| Payment terms/tenor | | | |

Amount now owing: _____

Payment history: prompt 1 – 30 days slow 31 – 60 days slow more than 60 days slow

Is there an amount past due? yes no

If yes, enter amount due and due dates. _____

Provide reasons for past dues: _____

If past dues were due to foreign exchange problems, does applicant have evidence of local currency deposits on all payments due? yes no

b) Provide the applicable supporting financial information on the PSOR. Check the box that applies to your transaction and provide the information noted below the box

The transaction is for an amount up to \$50,000:

- credit agency report or trade reference or applicant's ledger experience

The transaction is between \$50,001 and \$100,000:

- credit agency report and trade reference or applicant's ledger experience

The transaction is between \$100,001 and \$300,000:

- credit agency report,
- two trade references or one trade reference and applicant's ledger experience, or
- two most recent years signed fiscal year-end statements

The transaction is between \$300,001 and \$1,000,000:

- credit agency report
- two trade references
- audited or signed, unaudited financial statements for the last two fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

OMB #3048-0018
Expire 7/31/09

The transaction is between \$1,000,001 - \$10,000,000

- credit agency report
- two trade references
- bank reference
- audited or signed unaudited financial statements for the last three fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.

2. **The PSOR is the financial institution guarantor.**

a. Provide details of the exporter's experience with the financial institution guarantor. Include dates and amounts of previous transactions with the PSOR or indicate None

b. Provide supporting financial information.

Check the box that applies to your transaction and provide the information noted below the box

The transaction is for an amount up to \$1 million:

- One favorable reference from creditor bank.
- One short-term debt rating of the PSOR from S & P, Moody's or Fitch IBCA. Ratings must be B, P-3 or F3 or better, respectively.

OR

- Most recently published fiscal year end or interim statements or statement spreads from Fitch IBCA, or Bankscope.

The transaction is for between \$1,000,001 and \$10,000,000

- One favorable reference from a creditor bank
- If the PSOR does not have an acceptable current market rating, provide most recently published audited financial statements that adequately disclose financial condition and were prepared in accordance with to accounting principles that afford a reasonable basis for reliance on the information provided.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

OMB #3048-0018
Expire 7/31/09

Attachment II Pre-shipment Questionnaire

Details of Coverage Requested

- a) Provide the reason pre-shipment coverage is requested _____
- b) Indicate the date the contract was executed or the anticipated date of signing
- c) Indicate the estimated period between the contract date and the final shipment date
- d) Provide a schedule of any progress payments made or to be made by the buyer or during the pre-shipment period, or indicate none:

Attachment III. Enhanced Assignment Questionnaire

If requesting Enhanced Assignment, attach

- A bank reference on the exporter/applicant dated within six months of the application
- Two trade references dated within six months of the application
- Financial statements on the exporter/applicant as follows, for a policy limit of liability of:
 - \$500,000 or less signed by an authorized officer for the applicant/exporter
 - \$500,001 - \$999,999 reviewed by a CPA with notes attached
 - \$1,000,000 or more audited by a CPA with opinion and notes attached

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment IV Additional Named Insured Questionnaire

Indicate the name of the additional named insured as follows:

Legal Name: _____

Address: _____

City: _____

State: _____

Country: _____

Zip/ Postal Code: _____

Relationship to Applicant: _____

Role in the transaction: _____

E-mail: _____

Contact person: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment V – Warehouse Information

If you requested the Special Coverage – Warehouse, answer the following questions about the warehouse

Warehouse Type: Owned or controlled by exporter

Bonded warehouse

Neither

Warehouse Location: City _____

State/Province _____

Country _____