



**APPLICATION FOR LETTER OF CREDIT INSURANCE POLICY**

This application is to be completed by a financial institution (or a broker acting on its behalf) in order to obtain a short-term letter of credit insurance policy. 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 at 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 202.565.3675, e-mail [exim.applications@exim.gov](mailto:exim.applications@exim.gov))

**APPLICATION FORM**

**Applicant:**

Applicant legal name: \_\_\_\_\_ State: \_\_\_\_\_

Contact person: \_\_\_\_\_ Country: \_\_\_\_\_

Position title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Fax: \_\_\_\_\_

Does the applicant have a market rating? Yes  No  If yes, indicate the name of the rating agency, rating, and the date of the rating. \_\_\_\_\_

Please provide the following information from the applicant's most recent audited financial statements.

Statement period (fiscal or interim): \_\_\_\_\_ Are the financial statements combined or consolidated? \_\_\_\_\_

Financial Statement Dates: \_\_\_\_\_

Auditor: \_\_\_\_\_ Opinion: \_\_\_\_\_

Net Income: \_\_\_\_\_ Net Loans: \_\_\_\_\_

Total Assets: \_\_\_\_\_ Equity: \_\_\_\_\_

**Broker (if applicable):**

Name of Broker: \_\_\_\_\_

Ex-Im Bank Broker #: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**EXPORT-IMPORT BANK OF THE UNITED STATES  
APPLICATION FOR LETTER OF CREDIT INSURANCE POLICY**

**Affiliate(s) (if applicable)**

Please provide the following information for any subsidiaries, branches, or affiliates that the applicant would like us to consider adding as Additional Named Insureds under the policy.

Legal name: \_\_\_\_\_ State: \_\_\_\_\_

Contact person: \_\_\_\_\_ Country: \_\_\_\_\_

Position title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Fax: \_\_\_\_\_

**1. General Questions**

A. Indicate the Ex-Im Bank programs the applicant has used.  Insurance  Working Capital  Loan Guarantee

B. What type of charter does the applicant hold?  State  National

C. Indicate the name of the applicant's regulatory authority. \_\_\_\_\_

D. Does the applicant have any foreign government ownership?

Yes  No

If yes, please indicate the country and the percentage owned: \_\_\_\_\_

**E. Letter of Credit Experience**

• In what year did the applicant's letter of credit business begin? \_\_\_\_\_

• What was the total amount of letter of credit transactions in the last 12 months? \_\_\_\_\_

• What was the total number of letter of credit transactions in the last 12 months? \_\_\_\_\_

• Please provide the following information on the individuals responsible for administering the letter of credit policy:

Name	Title	Years of Trade Finance Experience	Years of Letter of Credit Experience

**2. Letter of Credit Portfolio**

• What is the expected maximum value of letters of credit outstanding at any time over the next 12 months?

\_\_\_\_\_

**EXPORT-IMPORT BANK OF THE UNITED STATES  
APPLICATION FOR LETTER OF CREDIT INSURANCE POLICY**

- Please provide the following details regarding projected transactions to be insured over the next 12 months.

Country	Number of Issuing Banks	Total Letters of Credit	Total Letters of Credit (#)
		\$	
		\$	
		\$	
		\$	
		\$	

**3. Attachments**

- Please provide any information (e.g., the applicant’s most recent annual report) that would be helpful in evaluating this application.

**4. 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 capitalized terms not defined herein shall have the meanings set forth in the Ex-Im Bank Suspension and Debarment Regulations at 12 C.F.R. Part 413 (Regulations). The applicant is not listed on any of the publicly available debarment lists of the following international financial institutions: World Bank Group, African Development Bank, Asian Development Bank, European Bank for Reconstruction and Development and the Inter-American Development Bank.

In addition, the applicant certifies that neither the applicant nor anyone acting on its behalf, such as agents, has engaged, or will engage, in any activity in connection with this transaction that is a violation of the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 78dd-1 et seq. (which provides for civil and criminal penalties against companies and individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business). Further, the applicant has not engaged, and will not engage, in any activity in connection with this transaction that is a violation of the Arms Export Control Act, 22 U.S.C. 2751 et seq., the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq., or the Export Administration Act of 1979, 50 U.S.C. 2401 et seq. The applicant has not 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 neither the applicant nor anyone acting on its behalf in connection with this transaction is currently under charge or has been, within the past 5 years, convicted in any court or subject to national administrative measures of any country for bribery of foreign public officials.

Further, 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.).

**EXPORT-IMPORT BANK OF THE UNITED STATES  
APPLICATION FOR LETTER OF CREDIT INSURANCE POLICY**

**Notices**

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank EIB-92-64 (07/06)

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 (Financial Institution) Name: \_\_\_\_\_

Name and title of authorized officer: \_\_\_\_\_

Signature of authorized officer: \_\_\_\_\_

Date: \_\_\_\_\_