

**EXPORT-IMPORT BANK--REPORT OF PREMIUMS PAYABLE FOR FINANCIAL INSTITUTIONS ONLY.**

(please type or print all information)

IF NO PREMIUMS PAYABLE, CHECK HERE:

OMB 3048-0020  
Expires 12/31/2009

POLICY NUMBER:( ) - Report for period: through  
(prefix) (number) (month) (day) (year) (month) (day) (year)

INSURED: \_\_\_\_\_

BROKER: \_\_\_\_\_

(Contact: Tel: Fax: E-Mail: )

Date Received

**USING SAME CODE?** if same for all transactions check box and enter appropriate code or rate here instead of below

Coverage Type  \_\_\_\_\_  
 Obligor Type  \_\_\_\_\_  
 Transaction Type  \_\_\_\_\_  
 Term Code  \_\_\_\_\_  
 Premium Rate  \$ . \_\_\_\_\_

**SEE REVERSE SIDE FOR ADDITIONAL NOTES AND INSTRUCTIONS ON COMPLETING THIS REPORT**

**COVERAGE TYPES** (see Note C. on back) **CODE**  
 Comprehensive Risk Insurance ..... A  
 Political Only Risk Only Insurance ..... B

**OBLIGOR TYPES** **CODE**  
 Financial Institution ..... 4  
 Private Sector Obligor or Guarantor ..... 3  
 Government Sector (Non-Sovereign) Obligor or Guarantor ..... 2  
 Government Sector (Sovereign) Obligor or Guarantor ..... 1

(A "sovereign" is a national government or government entity that the insurer has determined carries the full faith and credit of the national government. Most government sector companies and/or agencies do not carry the full faith and credit of their government and are therefore considered "non-sovereign" and should be reported as such unless the insurer has determined otherwise.)

**TRANSACTION TYPE** **CODE**  
 Letters of Credit (non-bulk agricultural products) ..... A  
 Letters of Credit (bulk agricultural products) ..... B  
 Refinanced Sight Letters of Credit (bulk agricultural products) ..... B  
 Refinanced Sight Letters of Credit (non-bulk agricultural products) ... C  
 Bank-Guaranteed (if applicable, use in lieu of any other code) ..... D  
 Drafts/Notes/Documents ..... E  
 Open Account ..... F  
 Pre-shipment ..... G  
 Initial Pre-Presentation Agreement ..... G  
 Consignment ..... H  
 Pre-Presentation Agreement Extension ..... I  
 Due Date Rescheduling ..... I

**TERM (corresponding to Transaction Type being reported)** **CODE**  
 Sight Payments ..... 1  
 CAD or SDDP ..... 2  
 1- 30 Days ..... 3  
 31- 60 Days ..... 4  
 61- 90 Days ..... 5  
 91- 120 Days ..... 6  
 121- 180 Days ..... 7  
 181- 270 Days ..... 8  
 271- 360 Days ..... 9  
 1 1/2 Years ..... 10  
 2 Years ..... 11  
 2 1/2 Years ..... 12  
 3 Years ..... 13  
 3 1/2 Years ..... 14  
 4 Years ..... 15  
 4 1/2 Years ..... 16  
 5 Years ..... 17  
 Over 5 Years ..... 18

ITEM	(a) NAME OF FOREIGN OBLIGOR/STREET/CITY/COUNTRY	Cover- age Code	Ob- ligor Code	Trans- action Code	Term Code	POLICY ENDORSEMENT NUMBER OF OBLIGOR (See Step 6 on back)	AMOUNT	Premium Rate Per \$100	PREMIUM DUE
	(b) Exporter Name/Street/City/State/Zip Code								
1.	(a) L/C Ref#→								
	(b)								
	(c)								
2.	(a) L/C Ref#→								
	(b)								
	(c)								
3.	(a) L/C Ref#→								
	(b)								
	(c)								
4.	(a) L/C Ref#→								
	(b)								
	(c)								
PAGE TOTALS									
complete only on last page → REPORT TOTALS									

We hereby certify that this report is a complete and accurate declaration of all transactions required to be reported under the terms of the policy and that premiums have been correctly computed and remitted. We understand that Ex-Im Bank's acceptance of this report or the premium due is not an acknowledgment of coverage and does not constitute a waiver of any policy condition or limitation. We understand that, for purposes of policy compliance, this report is not received by Ex-Im Bank until both this report and the premium due hereunder are received.

Signature: \_\_\_\_\_ Date Prepared: \_\_\_\_\_, \_\_\_\_\_  
(month) (day) (Year) Page No. \_\_\_ of \_\_\_ Pages

**USE SEPARATE REPORT-FORMS WHEN REPORTING PREMIUMS PAYABLE  
UNDER DIFFERENT POLICIES OR DIFFERENT POLICY NUMBERS**

**MAKE CHECKS PAYABLE TO:** EXPORT-IMPORT BANK OF THE UNITED STATES OR EX-IM BANK  
**MAIL THIS REPORT WITH YOUR PAYMENT TO:** EXPORT-IMPORT BANK OF THE UNITED STATES  
DEPT. 22  
WASHINGTON, DC 20055

**INSTRUCTIONS FOR REPORTING PREMIUMS PAYABLE**

Complete the page heading on the front of this report-form, then follow the steps shown below to report each transaction.  
(If **NO** premiums are payable, check the appropriate box on the front of this report-form.)

- STEP 1. a)** If your loan is directly with the foreign buyer, enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the buyer. If your loan is to a foreign financial institution (including all letter of credit transactions) enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the financial institution. (Please avoid using acronyms if possible.)
- Enter the L/C Ref. # (Letter of Credit Reference Number) if you are reporting a letter of credit transaction. If your policy carries the prefix "ELC" and you are reporting a letter of credit transaction or a refinancing of a sight letter or credit, please refer to the Premium Payment Procedure endorsement attached to your policy.
- b); c)** Enter the EXPORTER NAME, STREET, CITY, STATE, ZIP CODE and a brief description of the PRODUCTS that are being exported by the exporter to the OBLIGOR (please avoid using acronyms if possible). If the OBLIGOR is a financial institution, enter the PRODUCTS being exported by the EXPORTER under the loan agreement or the letter of credit. If you are reporting a shipment of agricultural commodities, please be specific when entering commodity. If your policy carries the prefix "ELC", the exporter name, city, state and products information need to be reported only for insured transactions, not for pre-presentation agreements.
- STEP 2.** Enter the applicable COVERAGE TYPE CODE from the list given on the front of this report-form. (see **Note A and Note C** below.)
- STEP 3.** Enter the applicable OBLIGOR TYPE CODE from the list given on the front of this report-form. (see **NOTE A** below.)
- STEP 4.** Enter the applicable TRANSACTION TYPE CODE from the list given on the front of this report-form. (see **NOTE A and NOTE B** below.)
- STEP 5.** Enter the applicable TERM CODE from the list given on the front of this report-form. The TERM CODE should correspond only to the particular TRANSACTION TYPE you are reporting. For example, if you are reporting an initial pre-presentation agreement, indicate the length of the pre-presentation agreement only. (see **NOTE A and NOTE B** below.)
- STEP 6.** If your policy carries the prefix "ELC" or "EBD", enter the policy endorsement number of the Special Buyer Credit Limit (SBCL) or issuing Bank Credit Limit (IBCL) that pertains to the transaction. The endorsement number can be found at the bottom of the SBCL or IBCL endorsement page, next to the field labelled "Endorsement No.". If the transaction was a supplier credit transaction done under your discretionary credit limit (DCL), then you may leave this box blank. All other policyholders may leave this box blank.
- STEP 7.** Enter the AMOUNT of the transaction which is applicable to the OBLIGOR (Step 1.a) and the EXPORTER Step 1.b,c). (Use contract price, less downpayment for medium term transactions.)
- STEP 8.** Enter your PREMIUM RATE. (if your policy has more than one premium rate, or if your premium rate is taken from an SBCL or IBCL endorsement be sure to use the correct premium rate.) (see **NOTE A** below.)
- STEP 9.** Enter the PREMIUM DUE by applying the AMOUNT you have declared under Step #8 to the applicable PREMIUM RATE. (if you are using the same premium rate for all transactions reported on this form and have checked the box marked "USING SAME CODE", you need only show **total** premium due at the end of your report.)
- STEP 10.** Enter PAGE TOTALS and REPORT TOTALS for AMOUNT and for PREMIUM DUE.
- STEP 11.** Read the paragraph at the bottom of the report-form, then enter your SIGNATURE and DATE PREPARED.

**ADDITIONAL NOTES**

- NOTE A.** If you expect to use the same code (or rate) for each transaction recorded on this page, check the box on the front of this report-form marked "USING SAME CODE" then enter the appropriate code (or rate) in the space provided. You need not enter the code (or rate) for each transaction thereafter.
- NOTE B.** Be certain that your policy allows you to use the TRANSACTION TYPE or TERM being reported.
- NOTE C.** Under most policies, "Comprehensive" means commercial and political risks coverage. Under the Bank Letter Policy "comprehensive" means "Risks 1, 2, 3, 4 and 5". Under the Financial Institution Buyer Credit Policy "comprehensive" means "Risks 1, 2, 3 and 4".
- Under most policies, "Political Only" means that coverage is restricted to political risks. Under the Bank Letter of Credit Policy "political only" means that coverage is restricted to "Risks 1, 2, 3 and 5". Under the Bank Letter of Credit Policy "political only" means that coverage is restricted to "Risks 1, 2, and 3".

**SPECIAL POLICIES--REPORTING ADDITIONAL INFORMATION**

(If your policy has been endorsed to require you to report information not included on the front of this report-form, you may use the space provided below to report that information. Numbers to the left refer to line-item numbers on the front of this form.)

- ITEM**
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

Privacy and Paperwork Reduction Act Statements: We estimate that it will take you about fifteen minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project 1535-0111, Washington, DC 20503.