



Please send this completed form to :  
Export-Import Bank of the United States - Asset Management Division  
811 Vermont Ave., NW, Washington, DC 20571 / Tel: (202) 565-3600 Fax: (202) 565-3625

**Ex-Im Bank Use Only**

Date Received:

Claim No.:

**SECTION A. POLICY INFORMATION**

Policy Type:	Policy Number:
Policy Effective Date:	Policy Expiry Date:
Policy Credit Limit:	Policy Claim Payment Limit:
Foreign Content %:	

<b>A1. BUYER LIMITS</b>	
<i>IBCL/SBCL</i>	
Tracking Number:	Effective Date of IBCL/SBCL:
Amount:	
<i>DCL</i>	
Maximum Limit:	Max. High Credit Outstanding during 12 mos. prior to shipment of first claimed invoice:
Any limits in effect are noncumulative. Only one credit limit can be in effect for the buyer/issuing bank on the date of shipment.	

<b>A2. ASSIGNMENT</b>	not applicable <input type="checkbox"/>
Assignment Type: Standard <input type="checkbox"/>	Enhanced <input type="checkbox"/>
Assignment Date:	

## SECTION B. CLAIM INFORMATION

Date(s) Shipped/Funded:
Original Credit Terms:
First Default Date:
Last Date Payment was demanded from the Buyer:
Products:
Special Conditions, if applicable
Security Interest <input type="checkbox"/>
Guarantors <input type="checkbox"/> Names:
Other <input type="checkbox"/>

Did the buyer accept delivery of the product? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of foreign buyer:
Type of buyer's business:
Reason for claim:
<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Business Closed <input type="checkbox"/> Cashflow <input type="checkbox"/> Dispute
<input type="checkbox"/> Diversion <input type="checkbox"/> Economy <input type="checkbox"/> Export-Import Restrictions
<input type="checkbox"/> Non Acceptance <input type="checkbox"/> Political Event <input type="checkbox"/> Transfer

<u>For ELC policies only</u>
Was pre-presentation agreement elected? <input type="checkbox"/> Yes <input type="checkbox"/> No Commitment Date:
Date of 1 <sup>st</sup> Presentation of Documents:
The Issuing Bank's obligation is based on:
<input type="checkbox"/> Sight Payment <input type="checkbox"/> Negotiation
<input type="checkbox"/> Deferred Payment <input type="checkbox"/> Refinancing of a sight letter of credit
<input type="checkbox"/> Acceptance of Drafts

**SECTION C. NAMES AND ADDRESS (please provide full names and addresses)**

<input type="checkbox"/> None	<b>1. INSURED:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	
<input type="checkbox"/> None	<b>2. ASSIGNEE:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	
<input type="checkbox"/> None	<b>3. BROKER:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	
<input type="checkbox"/> None	<b>4 EXPORTER:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	
<input type="checkbox"/> None	<b>5. BUYER:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	
<input type="checkbox"/> None	<b>6. GUARANTOR:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	
<input type="checkbox"/> None	<b>7. THIRD PARTY SALES AGENT:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	
<input type="checkbox"/> None	<b>8. MANUFACTURER:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	
<input type="checkbox"/> None	<b>9. ISSUING BANK:</b>					
Address				Contact:		
City	State	Zip Code		Email		
Country				Phone No.:	Fax No.:	

## SECTION D1. SCHEDULE OF SHIPMENTS – Short Term Only

All outstanding insured shipments made to the buyer must be scheduled and included with this claim whether or not a shipment is presently eligible for coverage. For example, if there are two insured invoices outstanding to a buyer and only one is eligible for claim filing at this time, the second invoice should be included as part of this claim filing. For each shipment, attach and group the invoice, bill of lading, debt instrument, and any related documents. The bill of lading date is the date of shipment for purposes of this schedule.

Interest calculations reflecting the dollar amount of the contract interest due for each invoice must be included in the column listed below.

Policy Year \_\_\_\_\_ To \_\_\_\_\_  
 Month Day Year Month Day Year

Invoice Number	Shipment Date	Contract Amount	Interest to Due Date	Interest from Due Date to 180 days after	Principal Partial Payment	Interest Partial Payment	Date Interest Paid Through	Payment Terms	Due Date(s)	Month Shipment Reported

Total Gross Invoice:

Are there any uninsured outstanding amounts with this buyer?  Yes  No

If so, please indicate how much

Why are these shipments uninsured?

**SECTION D2. SCHEDULE OF SHIPMENTS – Medium Term Only**

Attach a similar schedule for each note

Note Number:

Contract Price:

Down Payment:

Financed Portion:

Date of Premium Payment:

Installment #	Due Dates	Declining Principal Balance	Principal Installment	Interest Amount (Note Rate)	Amount(s) Received	Date(s) Received

## SECTION E. CALCULATION OF ELIGIBLE LOSS

**Total contract amount of all insured shipments (principal only):** \$ \_\_\_\_\_

(Ex-Im Bank will calculate the interest due to the insured based on the interest coverage in the definition of "loss".) **(-) Minus**

a. Total buyer payments applied to principal: (\_\_\_\_\_)

b. Other credits, discounts and allowances: (\_\_\_\_\_)

c. Funds received from any other source: (\_\_\_\_\_)

d. Savings because of nonpayment of agent's commission: (\_\_\_\_\_)

**Net Loss:** \$ \_\_\_\_\_

Net Loss **X** percentage of cover specified in the Declarations: \_\_\_\_\_ \$ \_\_\_\_\_  
(eligible loss)

Was interest specified in the buyer obligation:  Yes  No

If yes, (a) was ordinary interest charged to the due date:  Yes  No

(b) was late interest charged after the due date:  Yes  No

## SECTION F. CLAIM DOCUMENTATION

### F1. Required Documents

- a. Invoice  Enclosed
- b. Bill of Lading  Enclosed
- c. Collection Effort  Enclosed
- d. Evidence of written demand of payment from the Buyer or Issuing bank and each guarantor dated no later than 30 days prior to submission of the claim.  Enclosed

### F2. Other Documents

The documentation listed below is normally required for all claims. If a document does not apply to your transaction, indicate "Not Applicable". To avoid processing delays, please provide all applicable items.

- |   |                                   |   |
|---|-----------------------------------|---|
| i. Promissory Note (copies)               | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| ii. Draft (copies)                        | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| iii. Letter of Credit                     | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| iv. Credit Agreement                      | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| v. Purchase Order                         | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| vi. Contract of Sale                      | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| vii. Exporter's Certificate               | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| viii. Confirmation of Presentation        | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| ix. Acceptance Advice                     | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| x. Nonpayment Advice                      | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| xi. Credit Report(s)                      | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| xii. Special Conditions                   | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| xiii. Other Insurance                     | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| xiv. Ledger Experience (section I)        | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| xv. U.S. Content Requirements (section J) | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |

### F3. Comments

Use the space provided below to add any comments you wish to make regarding this claim, including a summary of the events leading up to this claim.

## SECTION G. CERTIFICATIONS OF INSURED

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. it has completed and attached the following sections:  A;  B;  C;  D;  E;  F;  G
2. the amount claimed is presently owing by the Buyer/Issuing bank;
3. the Buyer has not asserted any defenses to this debt nor disputed the amount of the debt owing, there are no unresolved documentary credit disputes between the insured and the Issuing Bank on any insured transaction;
4. it has not granted any discounts, allowances, rebates or commissions, except as follows and has not made any payments to the Buyer/Issuing bank ( None);
5. to the best of its belief, it has complied with the-terms and conditions of the policy, all the information supplied in support of this claim is completed and true, and it has not withheld any material facts;
6. the rates of interest charged are legally valid and enforceable for the approved currency under the laws of the country of the Buyer/Issuing bank.

Name:

Title:

Date:

Signature: \_\_\_\_\_

**Paperwork Reduction Act Statement:** We estimate that it will take you about 1 hour per response, that 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, OMB # 3048-XXXX, Washington, DC 20503.



**SECTION H. RELEASE AND ASSIGNMENT**

OMB No. 3048-XXXX  
Expires XX/XX/XXXX

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of claim payment check. This will expedite your claim payment in the event of claim approval.

WHEREAS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured;

AND WHEREAS, the Insured has filed a claim under insurance policy \_\_\_\_\_ on the proof of loss dated \_\_\_\_\_ with respect to Buyer \_\_\_\_\_ ;

NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows; In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or here after can, shall or may have relating to this claim. AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer named above, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal as they deem proper or necessary in connection herewith.

In witness whereof, the Insured has caused this instrument to be signed this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .

\_\_\_\_\_  
(Name of Insured)

By: \_\_\_\_\_  
(Signature)

Name and Title: \_\_\_\_\_  
(Print)

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ a notary public in \_\_\_\_\_

and for the aforesaid County and State, do hereby certify that on this day, before me personally came \_\_\_\_\_ to me known, who, being duly sworn, did depose and say that he/she is the \_\_\_\_\_ of \_\_\_\_\_ , the entity described herein and which executed the foregoing instrument; and that he/she has full authority to complete and execute the said instrument in the name of, and on behalf of, the said entity.

In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .

(Seal)

\_\_\_\_\_  
Notary Public Signature

## SECTION J. U.S. CONTENT REQUIREMENTS

### 1. For SBA Defined Small Businesses Only:

(a) Was each of the products on the claimed invoices manufactured or reconditioned with more than 50% U.S. content (comprised of all direct and indirect costs including, but not limited to, labor, materials, research and administrative costs, but excluding profit)?  Yes  No

If the answer to 1(a) is "No", you are still eligible for coverage for the value of the U.S. Content (as defined above) of each product. Please attach a list with invoice number, product name and U.S. content percentage for each product that was manufactured or reconditioned with 50% or less U.S content.

(b) If you completed and submitted a Content Report with respect to each invoice at the time of shipment, you may submit a claim based on the percentage of the aggregate U.S. content (as defined above) of all products claimed on the invoice. Is the U.S. content percentage of all products on each claimed invoice, in the aggregate, more than 50% of the entire value of the invoice?  Yes  No

If the answer to 1(b) is "No", you are still eligible for coverage of the aggregate value of the U.S. content of each invoice. Please attach a list with invoice number, and U.S. content percentage for each invoice that has an aggregate U.S. content percentage of 50% or less.

### 2. For Non-SBA Defined Small Businesses:

Was each of the products on the claimed invoices manufactured or reconditioned with more than 50% U.S. content (comprised of labor, materials, and direct overhead, but exclusive of profit)?  Yes  No

## SECTION I. LEDGER EXPERIENCE

### INSTRUCTIONS:

1. Complete the following schedule, listing all shipments made during the year prior to the first claimed shipment.
2. Be specific regarding the credit terms extended to the buyer for each shipment.
3. Check the box if there is no ledger experience with the buyer within the last 12 months.

Invoice Number	Amount	Terms	Shipment Date	Due Date	Date Paid	Amount Paid