

Export-Import Bank of the United States Payment Default Report (Online)

Instructions:

- You are required to report all amounts that are overdue, even if full payment is subsequently made by the obligor.
- Refer to your insurance policy or guarantee with respect to post-default obligations, claim filing requirements, notice and other requirements.
- **Prepare and file this default report ONLINE at EXIM Online**

Date of Notice: [_____]

EXIM Guarantee/Insurance Policy number: [_____]

Guarantee/Policy Type: [_____]

Information about Installment in Default

1. Current outstanding loan balance: [_____]

2. Due Date/Payment Date of defaulted installment:[_____]
Installment number: [_____] of [_____]

3. Amount due on Due Date/Payment Date: [_____]

- Default cured on (insert date): [_____]
- Partial payment(s) received
 - in the total amount of: [_____]
 - on date(s): [_____]
- No payments received in respect of amounts in default

4. Reason(s) for non-payment (check all that apply):

- Slow pay typical
- Increase in accounts receivable
- Lack of revenues
- Natural disaster
- Poor management
- Country/sector economic/political events
- Foreign exchange/transfer problems
- Equipment failure/equipment not installed
- Bankruptcy
- Dispute
- Other (specify): [_____]

5. Lender actions taken to correct the problem (check all that apply):

- Contacts with buyer/borrower:
 - Letter sent
 - Phone calls
 - Face-to-face meeting with borrower
 - Other (specify): [_____]

- Cancel other lines of credit
- Educate/inform borrower
- Other (specify): [_____]

6. Borrower actions taken to correct the problem (check all that apply):

- Agreed to pay defaulted amounts
- Conditional agreement to pay defaulted amounts
 - condition/contingency (specify): [_____]
- Cash flow management:
 - Revising cash flow projections
 - Improving receivables
 - Managing payables
 - Surviving shortfalls
 - Adjusting for business cyclicalities and debt service
- Company reorganization
- Requested rescheduling of debt
- Requested waiver (specify): [_____]
- Other (specify): [_____]

7. Expectations of future performance for this borrower:

- Expect resolution:
 - high probability
 - reasonable probability
 - low probability
- Imminent claim likely

8. If any of the contact information for the Borrower (or Guarantor) has changed, please provide current information:

[_____]
 [_____]

Name of Lender/Insured: [_____]

Contact person:

Name: [_____]
 Title: [_____]
 Phone: [_____]
 Email: [_____]

Paperwork Reduction Act Statement: We estimate it will take approximately 15 minutes per response to complete the form. This includes time to read the instructions, gather the necessary information, and fill out the form. However, you are not required to provide any information unless a valid Office of Management and Budget (OMB) control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify the form, please contact EXIM and the OMB Paperwork Reduction Project, OMB # 3048-0028, Washington DC, 20503.