

NOTICE OF CLAIM AND PROOF OF LOSS

WORKING CAPITAL GUARANTEE

SECTION A. Name and Address (Please provide full names and addresses. For additional parties, add a separate page.)

GUARANTEED LENDER MAKING DEMAND FOR PAYMENT

| | |
|--------------------------------------|--|
| EXIM Transaction No. | |
| Master Guarantee Agreement (MGA) No. | |
| Name | |
| Address | |
| City | |
| State/Province | |
| Postal Code | |
| Country | |
| Contact Name | |
| Email | |
| Phone Number | |

| | |
|---|--|
| Current Holder of Original Promissory Note | |
|---|--|

BORROWER

| | |
|----------------|--|
| Name | |
| Address | |
| City | |
| State/Province | |
| Postal Code | |
| Country | |
| Contact Name | |
| Email | |
| Phone Number | |

GUARANTOR

| | |
|----------------|--|
| Name | |
| Address | |
| City | |
| State/Province | |
| Postal Code | |
| Country | |
| Contact Name | |
| Email | |
| Phone Number | |

SECTION B. General Information

EXIM LOAN FACILITY

| | |
|---|---|
| Reason for claim filing | |
| Was this guarantee approved under Lender's delegated authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a transaction-specific loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a Forbearance Agreement? | Yes <input type="checkbox"/> No Date: |
| Type of loan facility | <input type="checkbox"/> revolving loan facility <input type="checkbox"/> transaction-specific loan facility <input type="checkbox"/> transaction-specific revolving facility |
| Is this loan under a fast track lender program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a supply chain loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a loan under city/state program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this loan under a trade association partnership program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|---|
| Effective date of the Facility | |
| Last date Facility was renewed | |
| Facility extension(s) granted (please list all extensions) | |
| Maximum amount of Facility approved | \$ |
| Final Disbursement Date approved | |
| Advance rate of collateral | ___% inventory ___% receivables Other _____ |
| What are the products provided by the Borrower? | |

| | |
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| Date of last disbursement | |
| Principal balance of the EXIM loan disbursements | \$ |
| Claim filing extension granted by EXIM? | <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s): |
| Indirect export(s) included? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of default | |
| Status of Borrower's operation | |
| Demand Letter to Borrower | |
| Demand Letter to Guarantor(s) | |

DOMESTIC LINES AND COLLATERALIZATION

| | |
|---|--|
| Is there a domestic loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outstanding amount of the domestic line | \$ |
| Is the domestic line current? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| Domestic line collateralized? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there cross-collateralization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other loan facilities extended to the Borrower (list the Facilities and amount extended) | |
| Collateral of the domestic line and other credit facilities extended | |

LOAN INSURANCE

| | |
|---|--|
| Is there a related insurance policy from EXIM? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EXIM Policy number(s) | |
| Is there a related insurance policy from another insurer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', give policy number(s), name and address of the insurer(s) etc. | |

SECTION C BUSINESS STRUCTURE INFORMATION

| | |
|------------------------------------|--|
| NAICS Code | |
| Business structure of the Borrower | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Government Non-Sovereign <input type="checkbox"/> Government Sovereign |
| Borrower's type of business | <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Processing <input type="checkbox"/> Contractor <input type="checkbox"/> Service <input type="checkbox"/> Government <input type="checkbox"/> Other |

SECTION D - DOCUMENTATION as per MGA Article 5.01

| | |
|--|--|
| Were Disbursements made after receipt of a Borrowing Base Certificate and its supporting documentation as per MGA Article 4.06? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Were Disbursements made prior to the Final Disbursement Date? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Was the Borrower current under the Working Capital loan facility at time of disbursement(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Were all disbursements under the Working Capital loan facility less than or equal to the borrowing base (net of reserves for letters of credit, or allowed over advances, unless as otherwise allowed in the MGA)? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Were Disbursements made in agreement with the conditions and prohibitions stated in the Loan Authorization Agreement, the Borrower Agreement, and the Master Guarantee Agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Are the items financed those identified in the Loan Authorization Agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Is the transaction in compliance with all special conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Is the transaction in compliance with requirements of the Country Limitation Schedule in force at time of approval? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Is the Loan Authorization Agreement or Notice (Annex A) signed by an authorized officer of Lender or affiliate and EXIM? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Is the Borrower Agreement signed by all relevant parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| To the best of the Borrower's knowledge, all terms and conditions of the Borrower Agreement have been met. | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Are the loan documents free of any binding alternative dispute resolution provisions? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |
| Has the Borrower provided all financial statements to the Lender as required under the Borrower Agreement and the special conditions of the Loan Authorization, if applicable? | <input type="checkbox"/> Yes <input type="checkbox"/> No Add Comments: |

| | |
|---|----------------------------|
| Are all loan documents governed by the laws of states, territories and commonwealths within the U.S.? | Yes No Add Comments: |
|---|----------------------------|

SECTION D - DOCUMENTATION as per MGA Article 5.01. - All documents must be submitted with the claim filing.

| | |
|---|-----------------------------------|
| Promissory Note | <input type="checkbox"/> Attached |
| Evidence of Payment of the Facility Fee | <input type="checkbox"/> Attached |
| Executed copy of Loan Authorization Notice or Loan Authorization Agreement (Annex A of the MGA) | <input type="checkbox"/> Attached |
| Lenders Loan Agreement with the Borrower | <input type="checkbox"/> Attached |
| Executed copy of Borrower Agreement | <input type="checkbox"/> Attached |
| Executed copy of the Loan Agreement | <input type="checkbox"/> Attached |
| Executed copy of Fast Track Lender Agreement, if applicable | <input type="checkbox"/> Attached |
| Delegated Authority Letter Agreement | <input type="checkbox"/> Attached |
| Security Agreement | <input type="checkbox"/> Attached |
| Subordination Agreement, if required | <input type="checkbox"/> Attached |
| Copies of all filed UCC financing statements | <input type="checkbox"/> Attached |
| Evidence of a lien search of UCC records which indicates a perfected security interest | <input type="checkbox"/> Attached |
| Copies of all field examination reports of inspection of the collateral | <input type="checkbox"/> Attached |
| Copies of financial statements | <input type="checkbox"/> Attached |
| Copies of Borrowing Base Certificate(s) for the six-month period preceding the date of the Payment Default (MGA Article 5.01(b)(vii)) | <input type="checkbox"/> Attached |
| Supporting Accounts Receivable Aging Reports and sample copies of Invoices or export orders (MGA Article 5.01(b)(vii)) | <input type="checkbox"/> Attached |
| Copies of export orders or summaries of export order and inventory schedules if applicable (MGA Article 5.01(b)(viii)) | <input type="checkbox"/> Attached |
| Copies of records of final foreign purchase if indirect exports is included in Loan Facility (MGA Article 5.01(b)(x)) | <input type="checkbox"/> Attached |
| Copies of the lender's records regarding disbursements and application of payments to the loan (loan transaction history) | <input type="checkbox"/> Attached |
| Assignment of EXIM or other insurance policy (If insurance is used) | <input type="checkbox"/> Attached |
| Material records regarding satisfaction of the Special Conditions | <input type="checkbox"/> Attached |
| Demand Letter to Borrower | <input type="checkbox"/> Attached |
| Demand Letter to Guarantor(s) | <input type="checkbox"/> Attached |

| | |
|---|-----------------------------------|
| Copy of Bankruptcy notice or court order in the event demand is prohibited under the bankruptcy law | <input type="checkbox"/> Attached |
| Copies of communication to and from EXIM regarding Events of Default | <input type="checkbox"/> Attached |
| Copies of correspondence to and from EXIM concerning waivers, modifications or extensions granted | <input type="checkbox"/> Attached |
| Other Eligible Costs documentation, if applicable | <input type="checkbox"/> Attached |
| Other | <input type="checkbox"/> Attached |

SECTION E - CLAIM PAYMENT CALCULATION

NOTE

| | |
|---|--|
| Note amount | \$ |
| Note date | |
| Frequency of interest payment | <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| Method of interest calculation | <input type="checkbox"/> 360/360 <input type="checkbox"/> 360/365 <input type="checkbox"/> 365/365 |
| Note repayment terms | |
| Type of interest | <input type="checkbox"/> Fixed <input type="checkbox"/> Floating |
| Interest rate basis | <input type="checkbox"/> Prime <input type="checkbox"/> LIBOR |
| Guaranteed interest rate (list all interest rates and time period they apply to) | |
| Principal outstanding | \$ |
| Interest paid to | |
| Last interest payment date | |

OTHER ELIGIBLE COSTS CLAIMED

| | |
|-------------------------------------|----|
| Enforcement Costs Claimed | \$ |
| Collateral Protection Costs Claimed | \$ |

CALCULATION OF ESTIMATED LOSS

| | |
|------------------------------------|----|
| Principal Outstanding | \$ |
| (+) Interest | \$ |
| (+) Prorated Enforcement Costs | \$ |
| (+) Prorated Collateral Protection | \$ |
| Total of Estimated Loss | \$ |

SECTION F - WIRE INSTRUCTIONS and TAX ID

| | |
|---------------------|--|
| Routing Bank Name | |
| Recipient Bank Name | |
| ABA # | |
| Account Name | |
| Account No. | |
| Tax ID No. | |
| Attention | |
| Reference, if any | |

| | |
|----------------------|--|
| Additional Comments: | |
|----------------------|--|

SECTION G – CERTIFICATIONS and SIGNATURE

The Lender certifies that:

- 1) it has complied with the terms of Section 4.06(c) of the Master Guarantee Agreement – Working Capital Guarantee Program regarding prohibited Credit Accommodations;
- 2) the expiration date of any security filings (domestic and foreign) are scheduled to expire within 12 months following the claim date; and
- 3) it has obtained the Economic Impact Certification from each Borrower as per the terms of Section 4.09 of the Master Guarantee Agreement – Working Capital Guarantee Program.

Please refer to the Certifications for the Notice of Claim and Proof of Loss – Working Capital (Section G) posted on EXIM’s website as document EIB-20-01. **THE CERTIFICATIONS FOR NOTICE OF CLAIM AND PROOF OF LOSS – WORKING CAPITAL (SECTION G) ARE INCORPORATED INTO THIS NOTICE OF CLAIM AS IF FULLY SET FORTH HEREIN.** When signing this Notice of Claim and Proof of Loss in the space provided below, the undersigned authorized signatory signing for the Lender certifies and represents that he or she is fully authorized to sign on the Lender’s behalf, and that HE OR SHE HAS READ the Certifications for Notice of Claim and Proof of Loss – Working Capital (Section G) referenced above AND IS CERTIFYING, as appropriate to all of the certifications set forth in that document.

| | |
|------------------------------|--|
| Lender | |
| Street Address | |
| City | |
| State/Province | |
| Postal Code | |
| Email | |
| Phone Number | |
| Name of Authorized Certifier | |

| | |
|-----------------------------------|--|
| Signature of Authorized Certifier | |
|-----------------------------------|--|

Public Burden Statement

We estimate 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 EXIM Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB# 3048-0035, Washington, D.C. 20503.