



**Export-Import
Bank of the
United States**

**NOTICE OF CLAIM AND
PROOF OF LOSS –
WORKING CAPITAL
GUARANTEE**

This Notice of Claim and Proof of Loss – Working Capital Guarantee application is for requesting a claim payment under the Working Capital Guarantee program. An on-line version of this Notice of Claim and Proof of Loss is available on EXIM’s website. EXIM encourages customers to submit in EXIM Online, <https://eximonline.exim.gov/apps/bap>, as it will facilitate EXIM’s review and provide customers a faster response time.

SECTION A. Name and Address (Please provide full names and address).

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	
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BORROWER - For additional parties, add a separate page

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

GUARANTOR - For additional parties, add a separate page

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Agreement Date(s): MM/DD/YYYY
Type of loan facility	<input type="checkbox"/> revolving loan facility <input type="checkbox"/> transaction-specific loan facility <input type="checkbox"/> transaction-specific revolving loan facility <input type="checkbox"/> Supply Chain facility
Is this loan under a fast-track lender program?	<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	MM/DD/YYYY
Last date Facility was renewed	MM/DD/YYYY
Facility extension(s) granted (please list all extensions)	MM/DD/YYYY
Maximum amount of Facility approved	\$
Final Disbursement Date approved	MM/DD/YYYY
Advance rate of collateral	___% inventory ___% receivables ___% Other _____
What are the products provided by the Borrower?	
Date of the last disbursement	MM/DD/YYYY
Outstanding Principal balance of the EXIM loan	\$
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	MM/DD/YYYY
Note approval date	MM/DD/YYYY
Demand Letter to Borrower	MM/DD/YYYY
Demand Letter to Guarantor(s)	MM/DD/YYYY

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

SECTION C. BUSINESS STRUCTURE INFORMATION

NAICS Code	Status of Borrower's operation
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 all Disbursements made after receipt of a Borrowing Base Certificate and its supporting documentation as per MGA?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
Were all Disbursements made prior to the Final Disbursement Date?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
Was the Borrower current under the Working Capital loan facility at time of disbursement(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
Were all disbursements under the Working Capital loan facility less than or equal to the borrowing base?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
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 Comment:
Are the items financed those identified in the Loan Authorization Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
Is the transaction in compliance with all special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
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 Comment:
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 Comment:
Is the Borrower Agreement signed by all relevant parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
To the best of the Lenders knowledge, all terms and conditions of the Borrower Agreement have been met.	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
Are the loan documents free of any binding alternative dispute resolution provisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
If required, has the Borrower provided all financial statements to the Lender?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
Have the field examinations been conducted if required by the MGA?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:

If required, has a valid, enforceable, and perfected security interest been obtained and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
Was the facility fee(s) paid in full and on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:
Was this delinquency on the part of the borrower and guarantors reported to credit agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No Add Comment:

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
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
All filed UCC financing statement(s)	<input type="checkbox"/> Attached
Evidence of a lien search of UCC records which indicates a perfected security interest	<input type="checkbox"/> Attached
Field examination reports	<input type="checkbox"/> Attached
Financial statements, if required	<input type="checkbox"/> Attached
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
Export orders or summaries of export order and inventory schedules if applicable (MGA Article 5.01(b)(viii))	<input type="checkbox"/> Attached
Records of final foreign purchase if indirect exports are included in Loan Facility (MGA Article 5.01(b)(x))	<input type="checkbox"/> Attached
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
4.06 Compliance certifications	<input type="checkbox"/> Attached
Economic Impact certifications	<input type="checkbox"/> Attached
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	<input type="checkbox"/> Attached
Other	<input type="checkbox"/> Attached

SECTION E – CLAIM PAYMENT CALCULATION

PROMISSORY NOTE

Note amount	\$
Note date	MM/DD/YYYY
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"/> SOFR <input type="checkbox"/> LIBOR <input type="checkbox"/> OTHER
Guaranteed interest rate. (list all interest rates and the time period they apply)	
Principal outstanding	\$
Interest paid to	MM/DD/YYYY
Last interest payment date	MM/DD/YYYY

OTHER ELIGIBLE OUT-OF-POCKET COSTS CLAIMED

Enforcement Costs	\$
Collateral Protection Costs	\$
Realization Costs	\$

CALCULATION OF ESTIMATED LOSS

Principal Outstanding	\$
(+) Interest	\$
(+) Enforcement Costs	\$
(+) Collateral Protection	\$
(+) Realization costs	\$
Total claimed loss	\$

SECTION F - WIRE INSTRUCTIONS AND TAX ID

Routing Bank Name: _____

Routing Bank Address: _____

Recipient Bank Name: _____

Recipient Bank Address: _____

ABA No. _____

Account Name: _____

Account No. _____

Tax ID No. _____

Attention: _____

Reference No., if any: _____

Additional Comments: _____

SECTION G – CERTIFICATIONS AND SIGNATURE

Please refer to the “Certifications for Notice of Claim Proof of Loss – Working Capital Guarantee” set forth in Form EIB 23-01 posted on the EXIM website at <https://img.exim.gov/s3fs-public/documents/eib-23-01-certifications-for-wcg-claim.pdf?VersionId=AzMWbNUCHXpXqR4OvBMK5Bg2mxxt45Vc> (the “Certifications”). **THE CERTIFICATIONS ARE INCORPORATED INTO THIS NOTICE OF CLAIM PROOF OF LOSS AS IF FULLY AND DIRECTLY SET FORTH HEREIN.** When signing this Notice of Claim Proof of Loss – Working Capital Guarantee in the space provided below, the undersigned authorized representative signing on the Lenders behalf 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 referenced above **AND IS CERTIFYING** to all the certifications set forth in the Certifications.

The Lender further certifies that the representations made, and the facts stated in this Notice of Claim Proof of Loss – Working Capital Guarantee and its attachments **are, true and the Lender has not misrepresented or omitted any material facts.** The Lender further covenants that if any statement set forth in this application or in the Certifications, becomes untrue, or is discovered to have been untrue when made, the Lender will promptly inform EXIM of all such changes or discoveries. The Lender further understands that in accepting or approving this application, EXIM is relying upon the Lender's statements set forth in the application and in the Certifications, and all statements and certifications to EXIM are subject to the penalties for false or misleading statements to the U.S. Government (18 USC § 1001, et. seq.).

I, _____, do hereby certify that I am the duly appointed and qualified _____
(Title)
of _____ and that as such I am authorized to execute this application
(Name of Lender)
on behalf of _____.
(Name of Lender)

In witness whereof, I have hereunto signed my name this _____ day of _____, 20_____.

Signature of Lender's Authorized Representative

Date: _____

Name of Lender's Authorized Representative: _____

Title: _____

Name of Lender: _____

Street Address: _____

City: _____

State/Province: _____ Postal Code: _____

Email: _____

Phone Number: _____

NOTICES

The Lender is hereby notified that information requested by this application is done so under authority of the Export-Import Bank 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 EXIM being unable to determine eligibility for support. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform EXIM of such changes. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. EXIM 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). EXIM reserves the right to decline to process or to discontinue processing any application.

Paperwork Reduction Act Statement: We estimate that it will take you about 6 hours 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 EXIM and the Office of Management and Budget, Paperwork Reduction Project, OMB# 3048-0035 Washington, D.C. 20503