



NOTICE OF CLAIM AND PROOF OF LOSS SHORT - TERM INSURANCE

This Notice of Claim and Proof of Loss –Short Term Insurance application is for requesting a claim payment under the EXIM Short Term Insurance 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 - NAMES AND ADDRESS (please provide full names and addresses)

| | | |
|------------------------------------------|------------------|--------------------------------------------------------|
| Insured: | Name: _____ | Click here if not applicable: <input type="checkbox"/> |
| Address: _____ | Contact: _____ | |
| City: _____ State: _____ Zip Code: _____ | Email: _____ | |
| Country: _____ | Phone No.: _____ | |
| Assignee: | Name: _____ | Click here if not applicable: <input type="checkbox"/> |
| Address: _____ | Contact: _____ | |
| City: _____ State: _____ Zip Code: _____ | Email: _____ | |
| Country: _____ | Phone No.: _____ | |
| Broker: | Name: _____ | Click here if not applicable: <input type="checkbox"/> |
| Address: _____ | Contact: _____ | |
| City: _____ State: _____ Zip Code: _____ | Email: _____ | |
| Country: _____ | Phone No.: _____ | |
| Exporter: | Name: _____ | Click here if not applicable: <input type="checkbox"/> |
| Address: _____ | Contact: _____ | |
| City: _____ State: _____ Zip Code: _____ | Email: _____ | |
| Country: _____ | Phone No.: _____ | |
| Buyer: | Name: _____ | Click here if not applicable: <input type="checkbox"/> |
| Address: _____ | Contact: _____ | |
| City: _____ State: _____ Zip Code: _____ | Email: _____ | |
| Country: _____ | Phone No.: _____ | |
| Guarantor: | Name: _____ | Click here if not applicable: <input type="checkbox"/> |
| Address: _____ | Contact: _____ | |
| City: _____ State: _____ Zip Code: _____ | Email: _____ | |
| Country: _____ | Phone No.: _____ | |
| Manufacturer | Name: _____ | Click here if not applicable: <input type="checkbox"/> |
| Address: _____ | Contact: _____ | |
| City: _____ State: _____ Zip Code: _____ | Email: _____ | |
| Country: _____ | Phone No.: _____ | |

SECTION B - POLICY INFORMATION

| | | | |
|-------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Policy | | Buyer Credit Limit (IBCL/SBCL) | |
| Policy Type: | | Amount: | |
| Policy Number: | | Effective Date of IBCL/SBCL: | |
| Policy Effective Date: | | Buyer Credit Limit (DCL) | |
| Policy Expiry Date: | | How was the Buyer Credit Limit determined? | <input type="checkbox"/> Ledger |
| Policy Credit Limit: | | | <input type="checkbox"/> Credit report |
| Policy Claim Payment Limit: | | | <input type="checkbox"/> Trade reference |
| For ESS Policy, is this a pre-pay option? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Maximum Credit Limit: | |
| Policy Shipment Volume | | Max. High Credit Outstanding during 12 mos. prior to shipment of first claimed invoice: | |
| Policy Assignment | | Any limits in effect are noncumulative. Only one credit limit can be in effect for the buyer/issuing bank on the date of shipment. | |
| Is the Policy Assigned? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Assignment Date: | | | |

SECTION C - CLAIM INFORMATION

| | | | |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| Date(s) Shipped/Funded: | | Did the buyer accept delivery of the product? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Original Credit Terms: | | What is the first Default Date? | |
| Products: | | What is the reason for the Claim filing? | |
| Special Conditions, if applicable | <input type="checkbox"/> Security Interest <input type="checkbox"/> Guarantors <input type="checkbox"/> Other _____ | | |

For ELC Policies only

| | | | |
|-----------------------------------------|----------------------------------------------------------|------------------|--------------------------------------------|
| Was pre-presentation agreement elected? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Commitment Date: | The Issuing Bank's obligation is based on: |
| Date of 1st Presentation of Documents: | | | |

SECTION D - DOCUMENTATION & CERTIFICATIONS

| | | | |
|--------------------------------------------------------------------|-----------------------------------|-----------------------------------------|--------------------------------------|
| D1. Required Documents: | | | |
| Invoice(s) | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Bill of Lading | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Purchase Order(s) and/or Contract of Sale | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Promissory Note (copies) | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Collection Effort | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Acceptance Advice | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Nonpayment Advice | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Evidence of Funding | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Written demand of payment from the Buyer, Borrower or Issuing Bank | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Written demand of payment from each guarantor | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Draft (copies) | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Evidence of required Security Interest | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Credit Report(s) | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Other Insurance | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Documents supporting the Special Conditions of the Policy | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Letter of Credit | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Credit Agreement(s) | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Exporter's Certificate | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| EXIM approved extensions or waivers | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Claim Certification | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |
| Release and Assignment | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Will Follow |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|
| D2. Other Documents: Please list other supporting your claim. To avoid processing delays, please provide all applicable items. | | |
| Other documents supporting your claim | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow |
| | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow |
| | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow |

D3. 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 E1 - SCHEDULE OF SHIPMENTS -

All outstanding insured shipments made to the buyer must be scheduled and included with this claim. 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 together the invoice, bill of lading, purchase order, 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.

| Invoice Number | Shipment Date | Contract/ Invoice Amount | Payment Terms | Due Date | Principal Partial Payment | Interest Rate, if applicable | Interest Partial Payments, if applicable | Date Interest Paid Through | Month Shipment Reported |
|----------------|---------------|--------------------------|---------------|----------|---------------------------|------------------------------|------------------------------------------|----------------------------|-------------------------|
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Total Gross Invoices: _____

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

If yes, please indicate how much _____

Why are these shipments uninsured? _____

SECTION E2 - PROMISSORY NOTES - FIBC Only

Note Information

Attach a separate schedule for each note.

Check here if not applicable:

| | | |
|----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Have Promissory Note in Possession? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency of payments: |
| Date of Promissory Note: | | Interest rate: <input type="checkbox"/> Fixed <input type="checkbox"/> Floating |
| Total Principal Amount: | | Rate Method of Calculation: <input type="checkbox"/> 360/365 Days <input type="checkbox"/> 360/360 Days <input type="checkbox"/> 365/365 Days |
| Number of Installments: Principal: Interest: | | Date Ordinary Interest Paid Through: |
| Date 1st Principal Due: | Date 1st Interest Due: | Have partial payments been applied to defaulted installments? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Installment Information (Provide complete amortization schedule for each note)

| Installment Number(s) | Installment Due Date(s) MM/DD/YYYY | Declining Outstanding Principal Balance | Principal Due | Principal Paid | Outstanding Principal | Interest Due | Interest Paid | Interest Rate |
|-----------------------|---------------------------------------|-----------------------------------------|---------------|----------------|-----------------------|--------------|---------------|---------------|
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Installment(s) - Additional Comments:

SECTION F - CALCULATION OF ELIGIBLE LOSS

Total contract amount of all insured shipments (principal only): _____

(EXIM will calculate the interest due based on the interest coverage of the Policy)

- (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: _____

Note: your final amount may be reduced by any unmet deductible per policy period.

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 H - 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 |
|----------------|--------|-------|---------------|----------|-----------|-------------|
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SECTION I - U.S. CONTENT REQUIREMENTS

1. For SBA Defined Small Businesses Only:

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

SECTION J – NOTICES AND SIGNATURE

Name of Lender’s Authorized Representative: _____

Title: _____

Name of Lender: _____

Street Address: _____

City: _____

State/Province: _____ Postal Code: _____

Email: _____

Phone Number: _____

NOTICES

Please refer to the Insured Certifications for Notice of Claim and Proof of Loss – Export Credit Insurance Policy posted on EXIM’s website as document [EIB 22-07](#). THE CERTIFICATIONS ARE INCORPORATED INTO THIS NOTICE OF CLAIM AND PROOF OF LOSS – EXPORT CREDIT INSURANCE POLICY AS IF FULLY SET FORTH HEREIN. When signing this Notice of Claim and Proof of Loss in the space provided below, the undersigned authorized representative signing on the Insured’s behalf certifies and represents that the undersigned is fully authorized to sign on the Insured’s behalf, and that THE UNDERSIGNED HAS READ the Lender Certifications for Notice of Claim and Proof of Loss – Export Credit Insurance Policy referenced above AND IS CERTIFYING, as appropriate, to all of the certifications set forth in that document.

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