## EXPORT-IMPORT BANK

## REPORT OF OVERDUE ACCOUNTS UNDER SHORT-TERM POLICIES\*

| POLICY NUMBER |  |               |                         |                             | REPORT FOR PERIOD:           |                                   |   |                    |   |             |              |  |
|---------------|--|---------------|-------------------------|-----------------------------|------------------------------|-----------------------------------|---|--------------------|---|-------------|--------------|--|
|               |  | (Pre          | efix) (Numb             | per)                        |                              |                                   |   | (Month)            | (Year)  | _           |              |  |
| POLICYHOLDER  |  |               |                         |                             | Date Received  EXIM use only | EXIM use only OVERDUE REASON Cash |   |                    | ash Flow / Commercial Problems* oreign Exchange Problems (local payment made) |             |              |  |
| TEL: FAX:     |  |               |                         |                             |                              |                                   | Insolvency* Dispute* (Product; terms; documents; etc.) Slow Pay Typical Natural Disaster Buyer Re-Organizing Other* |                    |   |             |              |  |
| В             | ROKERAGE:  |               |                         |                             |                              | *Please a                         | ttach detailed  | explanation of the | overdue item ar   | nd prospect | for recovery |  |
| em            | Buyer Name   | COUNTRY       | Actual Payment<br>Terms | EOL Shipmer<br>Confirmation |                              | EOL Shipment<br>Report Date       | Due Date  | SHIPMENT<br>AMOUNT | OVERDUE<br>AMOUNT   | RE          | ASON         |  |
| 1             |  |               |                         |                             |                              |                                   |   |                    |   |             |              |  |
| 2             |  |               |                         |                             |                              |                                   |   |                    |   |             |              |  |
| 3             |  |               |                         |                             |                              |                                   |   |                    |   |             |              |  |
| 4             |  |               |                         |                             |                              |                                   |   |                    |   |             |              |  |
| 5             |  |               |                         |                             |                              |                                   |   |                    |   |             |              |  |
| 6             |  |               |                         |                             |                              |                                   |   |                    |   |             |              |  |
| 7             |  |               |                         |                             |                              |                                   |   |                    |   |             |              |  |
| 8             |  |               |                         |                             |                              |                                   |   |                    |   |             |              |  |
|               |  | PAGE TOTALS   |                         |                             |                              |                                   |   |                    |   |             |              |  |
|               | complete only on last page>                        | REPORT TOTALS |                         |                             |                              |                                   |   |                    |   |             |              |  |
|               | We hereby certify that the on the second page side | •             | •                       |                             | •                            |                                   |   | read the addit     | ional notes a   | nd instruc  | ctions       |  |
| 1             | Name of Preparer:                                  |               |                         | Phone:                      |                              |                                   |   |                    | Page No.  | of          | pages        |  |
| 5             | Signature:   |               |                         | Date Pr                     | -                            |                                   |   |                    | raye NO.  | UI          | pages        |  |
|               | EIB 92-27<br>Revised 6/24                          |               |                         |                             | (Month                       | ) (Day)                           | (Year)  |                    |   |             |              |  |

\* USE SEPARATE REPORT-FORMS WHEN REPORTING OVERDUE ACCOUNTS UNDER DIFFERENT POLICIES OR DIFFERENT POLICY NUMBERS.

**NOTE 1**: CHECK YOUR POLICY TO DETERMINE WHEN YOU SHOULD BEGIN TO REPORT AN ACCOUNT AS OVERDUE

**NOTE 2**: FOLLOW THE COLLECTIONS AND CLAIMS FILING PROCEDURES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF YOUR INSURANCE POLICY.

- (a) You should make every effort to collect from the buyer and guarantor (if any). If you have not received a reply from the buyer as to the reasons for the non-payment, contact the agent or sales representative (if any) requesting assistance. Include copies of any such correspondence with your Proof of Loss if you file a claim.
- (b) If the buyer has refused to accept the insured products under the terms authorized under your policy (not applicable under letter of credit transactions):
  - (i) Do not release the insured products to the buyer on payment terms other than those approved under your insurance policy for that buyer;
  - (ii) Before you sell the insured products to a party other than the buyer, or incur collections costs related to such a sale, notify EXIM of the non-acceptance and seek EXIM's written approval to take any actions.
- (c) Check your policy for any requirements related to making demand for payment on the buyer and guarantor (if any). Rescheduling of maturity dates must not be granted by you unless specifically authorized by EXIM.

Send this completed form to EXIM at 811 Vermont Ave NW, Washington, D.C. 20571. EXIM will also accept e-mailed pdf and faxed forms. EXIM will not require the originals of these forms to be mailed. The form must be PDF scans of original form and all required attachments. (Fax # 202.565.3380, e-mail: pma\_eci@exim.gov)

The applicant is hereby notified that information requested by this form 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 Ex-Im Bank being unable to determine eligibility for support. Ex-Im Bank 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).

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Paperwork Reduction Act Statement: We estimate that it will take you about 1/4 hour 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0027; Washington, D.C. 20503.