PRINT FORM

OMB 3048-0027
PENDING 2024

EXIM
EXPORT-IMPORT BANK OF THE UNITED STATES

REPORT OF OVERDUE ACCOUNTS UNDER SHORT-TERM POLICIES*

POLICY NUMBER _____ _____
(Prefix) (Number)

REPORT FOR PERIOD: _____ _____
(Month) (Year)

POLICYHOLDER _____

CONTACT: _____

TEL: _____ FAX: _____

EMAIL: _____

BROKERAGE: _____

Date Received
EXIM use only

OVERDUE REASON
Cash Flow / Commercial Problems*
Foreign Exchange Problems (local payment made)
Insolvency*
Dispute* (Product; terms; documents; etc.)
Slow Pay Typical
Natural Disaster
Buyer Re-Organizing
Other*

*Please attach detailed explanation of the overdue item and prospect for recovery

Item	Buyer Name	COUNTRY	Actual Payment Terms	EOL Shipment Confirmation #	Shipment Date	EOL Shipment Report Date	Due Date	SHIPMENT AMOUNT	OVERDUE AMOUNT	REASON
1										
2										
3										
4										
5										
6										
7										
8										
		PAGE TOTALS								
	complete only on last page----->	REPORT TOTALS								

We hereby certify that this report is a true and complete statement as required by the policy, that we have read the additional notes and instructions on the second page side and that we understand this form to the pertinent conditions of the policy.

Name of Preparer: _____ Phone: _____

Signature: _____ Date Prepared: _____
(Month) (Day) (Year)

EIB 92-27
Revised 6/24

* 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.