

EXPORT-IMPORT BANK OF THE UNITED STATES

**REPORT OF OVERDUE ACCOUNTS
UNDER MEDIUM-TERM CREDIT INSURANCE POLICIES**

Date Prepared _____

Submit this form for all amounts which are in default,
in accordance with the terms of your policy.

POLICY # _____

<p align="center"><u>INSTRUCTIONS</u></p> <p>1. You should check the terms and conditions of your policy with regard to what overdue amounts must be reported.</p> <p>2. You should continue to report overdues either until the amount overdue is paid or until you have filed a claim. Please read your policy to determine the claim filing deadline.</p> <p>3. In general, it is your responsibility to take all reasonable measures to collect the debt, including making demand for payment upon both the buyer and any guarantor(s).</p> <p>4. Any extension or rescheduling of the due date of an obligation must be approved, in advance and in writing, by the insurer.</p>	DESCRIPTION OF DEFAULT	
	<p><u>BUYER NAME AND ADDRESS:</u> (No Abbreviations)</p>	<p><u>Maturity Date(s):</u> <u>No. of Days Overdue:</u></p>
	<p><u>SHIPMENT DATE:</u></p>	<p><u>Installment Number(s):</u> _____ of _____</p> <p><u>Payable:</u> M Q S A (Circle One)</p>
	<p><u>PRODUCT(S) SHIPPED:</u></p>	<p><u>Total Principal Amount in Default</u></p>
	<p><u>NAME(S) OF GUARANTOR(S):</u></p>	<p><u>Total Interest Amount in Default</u> <u>as of Last Maturity Date:</u></p>
	<p align="center"><u>REASON FOR NON-PAYMENT AND WHAT ACTION TAKEN TO COLLECT</u></p>	

Name of Insured _____

Address _____

Signature _____ Title _____

Name of Assignee _____

WHO TO CONTACT:

Please send or ask your insurance agent or broker to submit this completed form to:

EXPORT-IMPORT BANK OF THE U.S., INSURANCE DIVISION TEL (202) 565-3630
811 VERMONT AVENUE, NW, WASHINGTON, DC 20571 FAX (202) 565-3675