

# EXPORT-IMPORT BANK--REPORT OF PREMIUMS PAYABLE FOR EXPORTERS ONLY

(please type or print all information)

IF NO PREMIUMS PAYABLE, CHECK HERE:

POLICY NUMBER: (\_\_\_\_\_) - \_\_\_\_\_ Report for period: \_\_\_\_\_ through \_\_\_\_\_  
 (prefix) (number) (month) (day) (year) (month) (day) (year)

INSURED/EXPORTER: \_\_\_\_\_

BROKER: \_\_\_\_\_

ADMINISTRATOR/POLICYHOLDER: \_\_\_\_\_

Umbrella(EUS), Bank Deductible(EBD), Financial Institution Supplier Credit(EBS, EBM) Policies

(Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ )

Date Received
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<b>USING SAME CODE?</b>		if same for all transactions check box and enter appropriate code or rate here instead of below
Coverage Type	<input type="checkbox"/> _____	
Buyer Type	<input type="checkbox"/> _____	
Transaction Type	<input type="checkbox"/> _____	
Term Code	<input type="checkbox"/> _____	
Premium Rate	<input type="checkbox"/> \$ _____	

I T E M	NAME OF FOREIGN BUYER (refer to Step 1. on back)	COUNTRY	Cover- age Type Code	Buyer Type Code	Trans- action Type Code	Term Code	AMOUNT	Premium	PREMIUM	INTERNAL
							FINANCED AMOUNT for FISC Pol	Rate Per \$100		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
PAGE TOTALS										

complete only on last page ))) >	REPORT TOTALS			
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We hereby certify that this report is a complete and accurate declaration of all transactions required to be reported under the terms of the policy and that premiums have been correctly computed and remitted. We understand that Ex-Im Bank's acceptance of this report or the premium due is not an acknowledgement of coverage and does not constitute a waiver of any policy condition or limitation. Unless otherwise specified by us in this report, we understand Ex-Im Bank will assume that short term transactions were made with private-sector obligors on six-month open account terms, and that premium rates will be calculated accordingly. We understand that, for purposes of policy compliance, this report is not received by Ex-Im Bank until both this report and the premium due hereunder are received.

Name of Preparer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date Prepared: \_\_\_\_\_, \_\_\_\_\_

(if applicable, use Administrator's/FISC Policyholder's signature)

(month) (day) (year)

Page No. \_\_\_\_ of \_\_\_\_ pages

## SEE REVERSE SIDE FOR ADDITIONAL NOTES AND INSTRUCTIONS ON COMPLETING THIS REPORT

### COVERAGE TYPES (see Note C. on next page) CODE

- Comprehensive ..... **A**
- Political Only ..... **B**
- Sales to Your Subsidiaries or Affiliates ..... **B**

### **B**

### BUYER TYPES CODE

- Private Sector Buyer or Guarantor ..... **3**
- Government Sector (Non-Sovereign) Buyer or Guarantor ..... **2**
- Government Sector (Sovereign) Buyer or Guarantor ..... **1**

(A "sovereign" is a national government or government entity that the insurer

has determined carries the full faith and credit of the national government. Most government sector companies and/or agencies do not carry the full faith and credit of their government and are therefore considered "non-sovereign" and should be reported as such unless the insurer has determined otherwise.)

### TRANSACTION TYPE CODE

- Letters of Credit (deferred payment or sight) ..... **A**
- Do not use this code ..... **B**
- Do not use this code ..... **C**
- Bank-Guaranteed (if applicable, use in lieu of any other code) ..... **D**
- Drafts/Promissory Notes/CAD or SDDP\* ..... **E**
- Open Account ..... **F**
- Pre-Shipment (selective contracts) ..... **G**
- Consignment ..... **H**
- Due Date Rescheduling ..... **I**
- Floor Plan Extension ..... **I**

### **I**

Medium Term Conversion. ....

### **J**

### TERM (corresponding to Transaction Type being reported) CODE

- Sight Letters of Credit ..... **1**
- CAD or SDDP\* ..... **2**
- 1-60 Days ..... **3**
- 61-120 Days ..... **4**
- 121-180 Days ..... **5**
- 181-270 Days ..... **6**
- 271-360 Days ..... **7**
- 1 1/2 Years ..... **8**
- 2 Years ..... **9**
- 2 1/2 Years ..... **10**
- 3 Years ..... **11**
- 3 1/2 Years ..... **12**
- 4 Years ..... **13**
- 4 1/2 Years ..... **14**

INSTRUCTIONS FOR REPORTING PREMIUMS PAYABLE

Complete the page heading on the front of this report-form, then follow the steps shown below to report each transaction.

(If NO premiums are payable, check the appropriate box on the front of this report-form.)

- STEP 1. Enter the FOREIGN BUYER NAME, or if you are reporting a letter of credit transaction, the name of the bank issuing the letter of credit. (please avoid using acronyms if possible.)
STEP 2. Enter the COUNTRY in which the foreign buyer is located, or if you are reporting a letter of credit transaction, the COUNTRY in which the bank issuing the letter of credit is located. (Abbreviate if necessary.)
STEP 3. Enter the applicable COVERAGE TYPE CODE from the list given on the front of this report-form. (see Note A and Note C below.)
STEP 4. Enter the applicable FOREIGN BUYER TYPE CODE from the list given on the front of this report-form. (see NOTE A below.)
STEP 5. Enter the applicable TRANSACTION TYPE CODE from the list given on the front of this report-form. (see NOTE A and NOTE B below.)
STEP 6. Enter the applicable TERM CODE from the list given on the front of this report-form. (Note that the term should correspond only to the particular TRANSACTION TYPE you are recording. For example, if you are reporting a "pre-shipment" or "consignment" transaction indicate the length of the "pre-shipment" or "consignment" period only.) (see NOTE A and NOTE B below.)
STEP 7. Enter the AMOUNT of the transaction. (Use the contract price for short-term transactions. Use contract price, less downpayment for medium term transaction.)
STEP 8. Enter your PREMIUM RATE. (if your policy has more than one premium rate, or if your premium rate is taken from a rate schedule, be sure to use the correct premium rate.) (see NOTE A below.)
STEP 9. Enter the PREMIUM DUE by applying the AMOUNT you have declared under Step #7 to the applicable PREMIUM RATE. (if you are using the same premium rate for all transactions reported on this form and have checked the box marked "USING SAME CODE", you need only show total premium due at the end of your report.)
STEP 10. Enter PAGE TOTALS and REPORT TOTALS for AMOUNT and for PREMIUM DUE.
STEP 11. Read the paragraph at the bottom of the report-form, then enter your SIGNATURE and DATE PREPARED.

ADDITIONAL NOTES

- NOTE A. If you expect to use the same code (or rate) for each transaction recorded on this page, check the box on the front of this report-form marked "USING SAME CODE" then enter the appropriate code (or rate) in the space provided. You need not enter the code (or rate) for each transaction thereafter.
NOTE B. Be certain that your policy allows you to use the TRANSACTION TYPE or TERM being reported.
NOTE C. "Comprehensive" means commercial and political risks coverage. Under some policies "comprehensive" also means coverage for "Risk 1" through "Risk 5".
"Political Only" means that coverage is restricted to political risks. Under some policies "political only" also means that coverage is restricted to "Risks 1, 2, 3 and 5". Insured transactions with your subsidiaries or affiliates are covered on a "political only" basis.

SPECIAL POLICIES--REPORTING ADDITIONAL INFORMATION (If your policy has been endorsed to require you to report information not included on the front of this report-form, you may use the space provided below to report that information. Numbers to the left refer to line-item numbers on the front of this form.) ITEM

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_