



**EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION FOR QUOTATION-EXPORT CREDIT INSURANCE
COMMERCIAL BANK INSUREDS**

**LETTER OF CREDIT (ELC), BANK DEDUCTIBLE (EBD) or
FINANCIAL INSTITUTION SUPPLIER CREDIT (EBS, EBM) POLICIES**

THIS DOCUMENT WILL BE A MATERIAL BASIS OF THE INSURANCE IF QUOTATION IS MADE AND ACCEPTED.

1. Applicant Bank: _____ Contact: _____

Address, include 9 digit Zip Code : _____

E-mail _____ Fax _____ Phone _____

Tax ID #: _____ DUNS #: _____ Congressional District: _____

2. If you wish us to consider adding subsidiaries, branches or affiliates as Additional Named Insureds under your policy, provide full legal name and address below and answer questions 5. A. (2) or B. (2) for each Additional Named Insured.

Name _____ Address _____

3. Name of Brokerage (if any, if none insert "none") : _____

Name of Contact: _____ Broker #: _____

E-Mail _____ Fax _____ Phone _____

4. Please provide the following information unless you have submitted this information within the past 6 months for Policy No: _____

A. (1) Rating: _____ Agency: _____ Date: _____, **or**

- (2) a. Annual report, including audited financial statements, on your bank for the past two fiscal years.
- b. The most recent available 10K and 10Q reports on your bank.
- c. Recent (within six months) credit agency report on your bank (otherwise, please attach a check for \$35.00).

B. If you are a foreign bank registered to do business in the U.S., in which state(s) are you licensed to conduct business? How are your operations in this country best described? Does your bank operate as a branch or subsidiary? To what extent are credit decisions made by your bank autonomous of headquarters?

C. Has your bank or have the individual(s) who will be administering or placing business under this policy ever dealt with Ex-Im Bank before? Yes No If yes, describe the programs the bank or the individual(s) are familiar with, and the time period during which these contacts took place. _____

D. Is there any other information that will be of assistance in evaluating your request for a bank policy? Attached

5. A. **For Letter of Credit Policies** (add pages if necessary):

(1) a. How are the international banking activities in your bank organized functionally? _____

(2) a. Who are the key individuals involved? _____

b. Have the individuals involved attended an Ex-Im Bank orientation seminar or an Ex-Im Bank training session? ?
 Yes No

c. Please provide their resumes. (See resume form attached)

You must provide notification within 10 days if the individual(s) responsible for administering the policy change.

- (3) a. How long have you been confirming international letters of credit ? _____
b. From what Countries _____

(4) Does your bank have any special expertise in particular types of transactions, regions of the world or any other areas?

(5) Maximum value of insured letters of credit expected to be outstanding during the policy period \$ _____

B. For Financial Institution Supplier Credit or Bank Deductible Policies (add pages if necessary):

(1) Describe how you develop customers for domestic or export receivable financing or factoring.

(2) a. Please identify the individual(s) and administrative area which will be responsible for administering your policy.

b. Have the individuals involved attended an Ex-Im Bank orientation seminar or an Ex-Im Bank training session? Yes No

c. What experience do the individual(s) identified in 5.B.(2)a. have with Ex-Im Bank insurance _____ or private sector export credit insurance? _____

d. Please provide their resumes. (See resume form attached)

You must provide notification within 10 days if the individual(s) responsible for administering the policy change.

(3) How many years, and to what dollar amount, have you financed or factored receivables?

of years

most recent calendar year amount

Domestic Receivables: _____ \$ _____

Foreign Receivables: _____ \$ _____

(4) Describe the credit procedures used in deciding to finance an exporter's receivables.

Exporter Analysis:

Buyer Analysis:

(5) a. Maximum value of financed receivables expected to be outstanding during the policy period: \$ _____

b. For **Financial Institution Supplier Credit Policies** Do you desire (check one) a Documentary Policy
a Non-Documentary Policy
or both

c. After what number of days would you stop financing the exporter's receivables from an overdue buyer? _____

d. How often are financed export receivables monitored? _____

e. Please provide a specimen copy of your lending agreement with exporters for receivable financing or factoring. Attached

6. The Applicant (it) CERTIFIES and ACKNOWLEDGES to the Ex-Im Bank (the Bank) that:

- A. 1) it is a financial institution doing business in the United States, or a jurisdiction thereunder, in accordance with applicable Federal or State banking laws and regulations **OR**
- 2) it has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make this certification.

B. Neither it, nor its Principals, have within the past 3 years been:

- 1) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in, a Transaction;
- 2) formally proposed for debarment, with a final determination still pending;
- 3) indicted, convicted or had a civil judgment rendered against us for any of the offenses listed in the Regulations;
- 4) delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of execution of this certification; or
- 5) the undersigned has received a written statement of exception from Ex-Im Bank attached to this certification, permitting participation in this Transaction despite an inability to make certifications 1) through 4) in this paragraph.

C. It has not and will not knowingly enter into any agreements in connection with the goods and/or services covered by this policy with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Transaction. All capitalized terms not defined herein shall have the meanings set forth in the **Government Wide Non-Procurement Suspension and Debarment Regulations - Common Rule** (Regulations).

D. It will complete and submit **Form-LLL** (the Anti-Lobbying Declaration/Disclosure forms available at <http://www.exim.gov/pub/pdf/95-10apd.pdf>), Disclosure Form to Report Lobbying if, to the best of our knowledge and belief, **any funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:

- (1) an officer or employee of any U.S. Government agency, or
- (2) a Member of Congress or a Member's employee, or
- (3) an officer or employee of Congress. *This does not apply to commissions paid by the Bank to insurance brokers.*

E. It has not, and will not, engage in any activity in connection with this transaction that is a violation of 1) the **Foreign Corrupt Practices Act of 1977**, 15 U.S.C. 78dd-1, et seq. (which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business), 2) the **Arms Export Control Act**, 22 U.S.C. 2751 et seq., 3) the **International Emergency Economic Powers Act**, 50 U.S.C. 1701 et seq., or 4) the **Export Administration Act of 1979**, 50 U.S.C. 2401 et seq.; nor has it been found by a court of the United States to be in violation of any of these statutes within the preceding 12 months, and to the best of its knowledge, the performance by the parties to this transaction of their respective obligations does not violate any other applicable law.

F. The representations made and the facts stated in this application and its attachments **are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts.** It further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001, et. seq.)

Signature Print Name and Title ____/____/____
Month/Day/Year\

**Send, or ask your insurance broker or city/state participant to review and send, this application to
x-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.
The Ex-Im Bank website is <http://www.exim.gov>**

Please complete: The applicant was informed about Ex-Im by: An Ex-Im Regional Office: An Ex-Im City/State Partner:
 A U.S. Export Assistance Center: A Broker: A Bank:
 A Local Development Authority: Other (specify):

Notices

The applicant 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 Ex-Im Bank being unable to determine eligibility for support. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. 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).

Public Burden Statement: Reporting for this collection of information is estimated to average 1 hour per response, including reviewing

instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

The information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) the **Privacy Act of 1974** (5 USC 552a), and the **Right to Financial Privacy Act of 1978** (12 USC 3401), except as otherwise required by law. Note that the Right to Financial Privacy Act of 1978 provides that Ex-Im Bank may transfer financial records included in an application for an insurance policy, or concerning a previously approved insurance policy, to another Government authority as necessary to process, service or foreclose on an insurance policy, or collect on a defaulted insurance policy.

END

Attachment to Bank Policy Application
To be filled out for each individual named.
RESUME FORM

Name: _____

Title or
Position: _____

Number of years with your organization: _____

Full description of job functions including administering the policy:

Administrative
experience: _____

Export-related experience including any previous experience with Ex-Im Bank: _____

Educational
background: _____

