

## REPORT OF PREMIUMS PAYABLE FOR FINANCIAL INSTITUTIONS ONLY

 Report for Period starting: \_\_\_\_\_ ending: \_\_\_\_\_ IF NO PREMIUMS PAYABLE, CHECK HERE ☐

Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_ Broker: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### USING SAME CODES

Coverage Type: \_\_\_\_\_

Obligor Type: \_\_\_\_\_

Transaction Type: \_\_\_\_\_

Term: \_\_\_\_\_

☐ Premium Rate: \_\_\_\_\_

**1. (a) Name** (Foreign Obligor): \_\_\_\_\_ Items marked with an asterisk (\*) are required fields. Under corporate ownership, provide name of ultimate parent company, if there is a corporate owner. For number of employees and sales volume, aggregate for the company and all its affiliates<sup>2</sup>, including corporate owners and subsidiaries. See reverse for instructions.

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**1. (b) \*Exporter Legal Name:** \_\_\_\_\_ **Tradestyle:** \_\_\_\_\_

**\*Business Address:** \_\_\_\_\_

**\*City:** \_\_\_\_\_ **\*State:** \_\_\_\_\_ **\*Zip + 4:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**1. (c) \*Importer Legal Name:** \_\_\_\_\_ **Tradestyle:** \_\_\_\_\_

**\*Business Address:** \_\_\_\_\_

**\*City:** \_\_\_\_\_ **\*State:** \_\_\_\_\_ **\*Zip + 4:** \_\_\_\_\_ **Country:** \_\_\_\_\_

2. Coverage Type: \_\_\_\_\_ 3. Obligor Type: \_\_\_\_\_ 4. Transaction Type: \_\_\_\_\_

5. Term: \_\_\_\_\_ 6. Policy Endorsement # of Obligor: \_\_\_\_\_ Content Methodology: \_\_\_\_\_ % of US Content \_\_\_\_\_

Description of Local Cost \_\_\_\_\_ Local Cost Provider \_\_\_\_\_ Local Cost NAICS Code \_\_\_\_\_

Local Cost (\$) \_\_\_\_\_ 7. Amount \_\_\_\_\_ 8. Premium Rate Per \$100 \_\_\_\_\_ 9. Premium DUE \_\_\_\_\_

**SBA SMALL BUSINESS :** yes ☐ no ☐ **SBA ALTERNATIVE SMALL BUSINESS:** yes ☐ no ☐ unknown ☐ **Products Exported** \_\_\_\_\_

**\*Does the exporter have any affiliates<sup>2</sup>?** \_\_\_ **\*Total Number of Employees:** \_\_\_\_\_ **\*Corporate Ownership:** \_\_\_\_\_ **\*Annual Sales Volume:** \_\_\_\_\_

**\*Minority-** \_\_\_\_\_ **\*Women-** \_\_\_\_\_ **\*Veteran-** \_\_\_\_\_ **or \*Disability-Owned business** \_\_\_\_\_

American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other ☐ **Ethnicity** \_\_\_\_\_

**10. REPORT TOTALS** \_\_\_\_\_

REPORT ADDITIONAL PREMIUMS STARTING ON PAGE 4

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 EXIM's acceptance of this report or the premium due is not an acknowledgment of coverage and does not constitute a waiver of any policy condition or limitation. We understand that, for purposes of policy compliance, this report is not received by EXIM until both this report and the premium due hereunder are received.

11. Signature: \_\_\_\_\_ Date Prepared: \_\_\_\_\_ Date Received by EXIM: \_\_\_\_\_

**SPECIAL POLICIES-REPORTING ADDITIONAL INFORMATION**

(If your policy has been endorsed to require you to report information not included already on this report-form, you may use the space provided below to report that information. Please add the name before any additional information.)

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## USE SEPARATE REPORT-FORMS WHEN REPORTING PREMIUMS PAYABLE UNDER DIFFERENT POLICIES OR DIFFERENT POLICY NUMBERS

**MAKE CHECKS PAYABLE TO:** EXPORT-IMPORT BANK OF THE UNITED STATES **OR** EXIM  
**MAIL THIS REPORT WITH YOUR PAYMENT TO:** EXIM, 811 Vermont Avenue N.W. (Room 1065), WASHINGTON, DC 20571

### 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 for the period, check the appropriate box on the front of this report-form.)

**STEP 1. a)** If your policy carries the prefix "FB", enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the foreign buyer. If the OBLIGOR is a foreign financial institution (including all letter of credit transactions) enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the financial institution. (Please do not use acronyms or trade style names; provide the full legal name of the OBLIGOR.)

If your policy carries the prefix "ELC" and you are reporting a letter of credit transaction or a refinancing of a sight letter or credit, please refer to the Premium Payment Procedure endorsement attached to your policy.

**b)** Enter the EXPORTER NAME, STREET, CITY, STATE, ZIP CODE and a brief description of the PRODUCTS that are being exported by the exporter to the OBLIGOR. Please do not use acronyms or trade style names; provide the full legal name of the EXPORTER. If the OBLIGOR is a financial institution, enter the PRODUCTS being exported by the EXPORTER to the ultimate end-user under the loan agreement or the letter of credit. Use the check box to indicate if the exporter meets the SBA definition of a small business. If you are reporting a shipment of agricultural commodities, please be specific when entering the commodity. If your policy carries the prefix "ELC", the exporter name, city, state and products information need to be reported only for insured transactions, not for pre-presentation agreements.

1A company's Primary Industry NAICS codes is the NAICS that accounts for the largest share of sales for the most recently completed fiscal year. The full definition of "primary industry" is set forth at 13 C.F.R. § 121.107.

2Affiliations exist when one individual or entity controls or has the power to control another or when a third party or parties control or have the power to control both. Factors such as common ownership, common management, previous relationships with or ties to another entity, and contractual relationships may cause affiliation. The complete definition of affiliation is found at 13 C.F.R. § 121.103.

**c)** If your policy carries the prefix "ELC" and you are reporting a letter of credit transaction or a refinancing of a sight letter or credit for which an IMPORTER wasn't previously known/endorsed to the Issuing Bank Credit Limit ("IBCL"), enter the IMPORTER NAME, STREET, CITY, STATE/PROVINCE, ZIP CODE. Please do not use acronyms or trade style names; provide the full legal name of the IMPORTER.

**STEP 2.** Enter the applicable COVERAGE TYPE from the drop-down box [Comprehensive Risk Insurance / Political Risk Insurance]. See NOTE A and NOTE C below.

**STEP 3.** Enter the applicable OBLIGOR TYPE from the drop-down box [Private Sector Obligor or Guarantor / Government Sector (Non-Sovereign) Obligor or Guarantor / Government Sector (Sovereign) Obligor or Guarantor / Financial Institution]. See NOTE A below.

**STEP 4.** Enter the applicable TRANSACTION TYPE from the drop-down box [Letters of Credit (non-bulk agricultural products) / Letters of Credit (bulk agricultural products) / Refinanced Sight Letters of Credit (bulk agricultural products) / Refinanced Sight Letters of Credit (non-bulk agricultural products) / Bank-Guaranteed (if applicable, use in lieu of any other code) / Drafts / Notes / Documents / Open Account / Pre-Shipment / Initial Pre-Presentation Agreement / Consignment / Pre-Presentation Agreement Extension I / Due Date Rescheduling]. See NOTE A and NOTE B below.

**STEP 5.** Enter the applicable TERM from the drop-down box [Sight Payments (letters of credit) / CAD or SDDP / 1-30 Days / 31-60 Days / 61-90 Days / 91-120 Days / 121-180 Days / 181-270 Days / 271-360 Days / 1.5 Years / 2 Years / 2.5 Years / 3 Years / 3.5 Years / 4 Years / 4.5 Years / 5 Years / Over 5 Years]. The TERM should correspond only to the particular TRANSACTION TYPE you are reporting. For example, if you are reporting an initial pre-presentation agreement, indicate the length of the pre presentation agreement only. See NOTE A and NOTE B below.

**STEP 6.** If your policy carries the prefix "ELC", enter the policy endorsement number of the issuing Bank Credit Limit ("IBCL") that pertains to the transaction. The endorsement number can be found at the bottom of the IBCL endorsement page, next to the field labeled "Endorsement No.". If the transaction was a supplier credit transaction done under your discretionary credit limit ("DCL"), then you may leave this box blank. All other policyholders may leave this box blank.

**STEP 7.** Enter the AMOUNT of the transaction which is applicable to the OBLIGOR (Step 1.a) and the EXPORTER (Step 1.b). Use contract price, less down payment for medium term transactions. Check the box to indicate the Content Methodology used for this transaction. Enter the overall U.S. content % for the shipments from this exporter to this buyer. Check the box if the exporter meets the SBA definition of a small business. See Note D below.

**STEP 8.** Enter your PREMIUM RATE. If your policy has more than one premium rate, or if your premium rate is taken from an IBCL endorsement 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 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 select the appropriate designation from the drop-down box. 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. "Political Only" means coverage that is restricted to political risks as defined in the applicable Political Risk Coverage" endorsement.

**NOTE D.** Flexibility in calculating U.S. Content is available for SBA-defined Small Business exporters only. If this exporter is a small business, check the box and complete the content methodology section. If the export sale reported is making use of the Aggregated Content Methodology, then a Content Report must be completed and attached for that sale.

**NOTE E.** Local costs means costs incurred by you on the buyer's behalf in the buyer's country, subject to the following: 1) Local costs will be covered under the Policy at a maximum of 15% of your invoice for the products. [Separately invoiced local costs will not be covered]; 2) Local costs may include costs which support the delivery and installation of the products, and local duties/taxes; and 3) Local costs may not include (i) local goods, (ii) costs associated with promoting the sale of the products (eg. sales representative travel, promotional materials) or (iii) post-installation costs (eg. post-installation equipment repairs).

*Privacy and Paperwork Reduction Act Statements: We estimate that it will take you about fifteen minutes 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 EXIM and the Office of Management and Budget, Paperwork Reduction Project 3048-0020, Washington, DC 20503*

1. (a) Name (Foreign Obligor): \_\_\_\_\_ Items marked with an asterisk (\*) are required fields. Under  
Business Address: \_\_\_\_\_ corporate ownership, provide name of ultimate parent company, if  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ there is a corporate owner. For number of employees and sales  
volume, aggregate for the company and all its affiliates<sup>2</sup>, including  
corporate owners and subsidiaries. See reverse for instructions.

1. (b) \*Exporter Legal Name: \_\_\_\_\_ Tradestyle: \_\_\_\_\_  
\*Business Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip + 4: \_\_\_\_\_ Country: \_\_\_\_\_

1. (c) \*Importer Legal Name: \_\_\_\_\_ Tradestyle: \_\_\_\_\_  
\*Business Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip + 4: \_\_\_\_\_ Country: \_\_\_\_\_

2. Coverage Type: \_\_\_\_\_ 3. Obligor Type: \_\_\_\_\_ 4. Transaction Type: \_\_\_\_\_  
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Description of Local Cost \_\_\_\_\_ Local Cost Provider \_\_\_\_\_ Local Cost NAICS Code \_\_\_\_\_  
Local Cost (\$) \_\_\_\_\_ 7. Amount \_\_\_\_\_ 8. Premium Rate Per \$100 \_\_\_\_\_ 9. Premium DUE \_\_\_\_\_

SB SBA SMALL BUSINESS : yes ☐ no ☐ SBA ALTERNATIVE SMALL BUSINESS: yes ☐ no ☐ unknown ☐ Products Exported \_\_\_\_\_  
\*Does the exporter have any affiliates<sup>2</sup>? \_\_\_ \*Total Number of Employees: \_\_\_\_\_ \*Corporate Ownership: \_\_\_\_\_ \*Annual Sales Volume: \_\_\_\_\_  
\*Minority- \_\_\_\_\_ \*Women- \_\_\_\_\_ \*Veteran- \_\_\_\_\_ or \*Disability-Owned business \_\_\_\_\_  
American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other ☐ Ethnicity \_\_\_\_\_

10. REPORT TOTALS \_\_\_\_\_