

Export-Import Bank of the United States

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

This application is to be completed by an exporter (or a broker acting on its behalf) in order to obtain a short-term insurance policy covering sales to a single foreign buyer. Repayment terms can be up to 360 days.

An online version of this application is available on Ex-Im Bank’s web site. Ex-Im Bank encourages customers to apply on line, as it will facilitate our review and allow customers a faster response time. Additional information on how to apply for Ex-Im Bank insurance can be found on Ex-Im’s web site <http://www.exim.gov>.

Send this completed application to Ex-Im Bank, 811 Vermont Ave., NW, Washington, D.C. 20571. Ex-Im Bank will also accept e-mailed pdf and faxed applications. Ex-Im Bank will not require the originals of these applications to be mailed. The application must be PDF scans of original applications and all required attachments. (Fax number 202.565.3380, e-mail exim.applications@exim.gov)

APPLICATION FORM

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 affiliates², including corporate owners and subsidiaries.

***Applicant/Exporter Legal Name:**

| | | | |
|--|-----------------------------|---|-----------------|
| Tradestyle: _____ | | Country: _____ | |
| *Street Address: _____ | | | |
| *City: _____ | | *State: _____ | *Zip + 4: _____ |
| *Corporate Ownership: _____ | | * Primary Industry NAICS ¹ : _____ | |
| * Does the Applicant have any affiliates ² : Yes No | | | |
| *Total Number of Employees: _____ | | *Annual Sales Volume: _____ | |
| Contact Person: _____ | | Email: _____ | |
| Position Title: _____ | | Phone: _____ | Fax: _____ |
| *Minority-owned business: | Yes No | Decline to Answer | |
| *Woman-owned business: | Yes No | Decline to Answer | |
| *Veteran-owned business: | Yes No | Decline to Answer | |

¹ A 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.

² Affiliations 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.

Broker (if applicable):

Name of Broker _____

Ex-Im Bank Broker#: _____

Contact Person: _____

Fax: _____

E-mail: _____

1. GENERAL QUESTIONS

A. Type of Coverage Requested

- Comprehensive risk
- Political risk

B. Qualification for Coverage

Will the applicant have title to the products at the time they are shipped?

Yes No

Will the applicant directly invoice the buyer?

Yes No

If you answered no to either, you may not be eligible for coverage. Call Ex-Im Bank or your broker for assistance.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

C. Primary Reason for applying for this policy

- Risk mitigation
- Financing
- To offer more competitive terms

D. Is this a resubmission of a previously withdrawn, returned or denied application, or a follow-on policy for the same buyer?

- Yes
- No

If yes, indicate previous transaction number: _____

E. Primary point of contact for this application

- Exporter
- Broker

2. SPECIAL COVERAGES

Check the boxes for the special coverage that apply to this transaction. Complete and attach the requested forms, where applicable.

| | | |
|--|--|---|
| <input type="checkbox"/> Pre-shipment Cover Attachment II Pre-shipment questionnaire required | <input type="checkbox"/> Shipment to address in US | <input type="checkbox"/> Additional Named Insured Attachment IV - ANI required |
| <input type="checkbox"/> Bulk agriculture | <input type="checkbox"/> Enhanced assignment Attachment III - EA questionnaire required | <input type="checkbox"/> Services |
| <input type="checkbox"/> Warehouse Attachment V- Warehouse information required | <input type="checkbox"/> Foreign currency coverage indicate currency: - currency of supply contract <input type="checkbox"/> US dollar <input type="checkbox"/> foreign currency | <input type="checkbox"/> Other |

3. PARTICIPANTS

Provide information on the additional participants to the transaction.

Supplier

The supplier is the U.S. entity that manufactures the goods and/or performs the services to be exported. Check if the exporter is the supplier and there are no additional suppliers. Enter any additional suppliers, or check various:

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 affiliates², including corporate owners and subsidiaries.

***Supplier Legal Name:**

| | | |
|--|---------|--|
| Tradestyle: | | Country: |
| *Street Address: | | |
| *City: | *State: | *Zip + 4: |
| *Corporate Ownership: | | *Primary Industry NAICS ¹ : |
| * Does the Supplier have any affiliates ² : | Yes | No |

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

| | | | |
|-----------------------------|--|-----------------------|------|
| *Total Number of Employees: | | *Annual Sales Volume: | |
| Contact Person: | | Email: | |
| Position Title: | | Phone: | Fax: |
| *Minority-owned business: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Decline to Answer | |
| *Woman-owned business: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Decline to Answer | |
| *Veteran-owned business: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Decline to Answer | |

¹ A 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.

² Affiliations 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.

Buyer

The buyer is the entity that contracts with the exporter for the purchase of U.S. goods and services.

Buyer legal name: _____ State: _____
 Contact person: _____ Country: _____
 Position title: _____ E-mail: _____
 Street Address: _____ Phone: _____
 City: _____ Postal Code: _____ Fax: _____

Guarantor

The guarantor is the person or entity that agrees to repay the credit if the buyer does not. Refer to the Short-Term Credit Standards to determine in what circumstances personal or corporate guarantors are required.

Is a guarantor involved in this transaction? Yes No
 If yes, is the guarantor an individual or a company?

Guarantor legal name: _____ State: _____
 Contact person: _____ Country: _____
 Position title: _____ E-mail: _____
 Street Address: _____ Phone: _____
 City: _____ Postal Code: _____ Fax: _____

End-user

The end-user is the foreign entity that uses the U.S. goods and services:

Check if the end-user is also the buyer

End-User legal name: _____ State: _____
 Contact person: _____ Country: _____
 Position title: _____ E-mail: _____
 Street Address: _____ Phone: _____
 City: _____ Postal Code: _____ Fax: _____

Agent

An agent is a business entity or individual located in the country of the borrower or buyer who has assisted in the sourcing, packaging, and/or preparation of a request for support from Ex-Im Bank, and which will receive compensation in some form for their services.

Is an agent involved in the transaction? Yes No

If yes, add the agent information below:

Agent legal name: _____ State: _____
 Contact person: _____ Country: _____
 Position title: _____ E-mail: _____
 Street Address: _____ Phone: _____
 City: _____ Postal Code: _____ Fax: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Related Parties

Describe any direct or indirect ownership or family relationship that exists between any of the participants. If none, so indicate: None.

Primary Source of Repayment

The PSOR is the entity whose financial statements or credit information form the basis of Ex-Im Bank’s evaluation of reasonable assurance of repayment, i.e. the entity whose financial statements Ex-Im Bank uses to supply calculate the ratios for Short-Term Credit Standards compliance. For this transaction, indicate whether the PSOR is:

- the buyer,
- the corporate guarantor, or
- business combination, (e.g. the consolidated or combined financial statements of the buyer and one or more corporate guarantors.).

Indicate which entities comprise the combination

- Is the PSOR a financial institution? Yes No
- Select the risk category of the PSOR: Private sector Public sector
- Does the PSOR have a bond rating? Yes No

If yes, indicate the name of the rating agency, rating, and the date of the rating.

4. TRANSACTION DESCRIPTION AND ELIGIBILITY

Indicate whether the sale represents a:

- Firm order Sale in Negotiations Response to an invitation to Bid

Provide a description of the products or service, including their NAICs code, if known:

Regarding the above products or services...

- 1. Is each product produced or manufactured in the United States? Yes No
- 2. Are these products on the munitions control list? Yes No
- 3. Are the products new or used? New Used
- 4. Are the products capital goods that will be used to produce exportable products? Yes No
- 5. (a) **For SBA Defined Small Business Only:** Was each of the products to be covered under the policy manufactured or reconditioned with more than 50% U.S. content (comprised of all direct and indirect costs including but not limited to, labor, materials, research and administrative costs, but excluding net profit) with no value added after shipment? Yes No
- (b) If the answer to 5(a) is “No” because one or more of your products contains less than 50% U.S. content, then coverage is available for the **U.S. content only** in each product with less than 50% U.S. content. Please indicate if you are seeking coverage for products with less than 50% U.S. content. Yes No
- (c) If the answer to 5(a) is “No” you may also obtain coverage on an aggregated basis for all products on an invoice, provided that a Content Report is submitted at the time of shipment (please see applicable Fact Sheet for information on aggregation). Please indicate if you are seeking coverage on an aggregated basis. Yes No

* PLEASE NOTE THAT YOU MAY ANSWER “YES” TO EITHER OR BOTH (b) AND (c) ABOVE.

(d) For Non-SBA Defined Small Business: Was each of the products to be covered under the policy manufactured or reconditioned with more than 50% U.S. content (comprised of all direct and indirect costs including but not limited to, labor, materials, research and administrative costs, but excluding net profit) with no value added after shipment? Yes No

- 6. Will any value be added to the product after export from the U.S.? Yes No If yes, provide an explanation:

- 7. Has the transaction been considered by any other export credit insurer? Yes No If yes, provide an explanation:

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

5. FINANCED AMOUNTS AND STRUCTURE

Enter the %s for each payment term the exporter will extend to the buyer

| (e) Payment terms requested | (number of days) | | | | | | | |
|---|-----------------------------|----------|----------|----------|-----------|-----------|-----------|-----------|
| | Please check applicable box | | | | | | | |
| Payment Type | Sight | Up to 30 | Up to 60 | Up to 90 | Up to 120 | Up to 180 | Up to 270 | Up to 360 |
| Cash Against Documents (CAD) | | | | | | | | |
| Sight Draft Documents Against Payment (SDDP) | | | | | | | | |
| Unconfirmed Irrevocable Letter of Credit (UILC) | | | | | | | | |
| Open Account | | | | | | | | |
| Sight Draft Documents Against Acceptance (SDDA) | | | | | | | | |
| Promissory Note | | | | | | | | |

Number of shipments: single multiple under one sales contract

Expected date(s) of shipment: _____

Estimated shipment volume to be insured: _____

If multiple shipments, the expected highest amount outstanding during the shipment period: _____

Other security available: _____

6. CREDIT INFORMATION ON THE PSOR

The information requested in Attachment I: Credit Information is attached.

7. NOTICES AND CERTIFICATIONS

The Applicant (hereafter “Applicant” or “it”) **CERTIFIES, ACKNOWLEDGES and COVENANTS to the Export-Import Bank of the United States** (hereafter “Ex-Im Bank”) that to the best of Applicant’s knowledge and belief, after due diligence, the statements set forth below are true and correct. Any reference below to “this transaction” shall refer to either the individual transaction or the Ex-Im Bank program or Insurance Policy that is the subject of the application, as appropriate.

A. Neither Applicant, nor any of its Principals (as defined in the Debarment Regulations identified below), has, within the past 3 years, been:

- 1) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction (as defined in the Ex-Im Bank and Government-wide debarment regulations, found at 2 CFR Part 3513 and 2 CFR Part 180, respectively) (collectively the “Debarment Regulations”);
- 2) formally proposed for debarment from participating in a Covered Transaction, with a final determination still pending;
- 3) indicted, convicted or had a civil judgment rendered against it for any conduct or offenses described at 2 CFR § 180.800 in the Debarment 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) listed on any of the publically available debarment lists of the following international financial institutions: the World Bank Group; the African Development Bank; the Asian Development Bank; the European Bank for Reconstruction and Development, and the Inter-American Development Bank;

or

the Applicant has received a written statement of exception from Ex-Im Bank attached to this certification, permitting acceptance of this application notwithstanding an inability to make all of the certifications in clauses 1) through 5) of this section A.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

B. Applicant has conducted and will conduct reasonable due diligence in connection with this transaction, including checking the **System for Award Management** (<https://www.sam.gov/portal/public/SAM/>) (“SAM”) to determine if parties are excluded from U.S. Government transactions, and the **Specially Designated Nationals (“SDN”) List of the Department of the Treasury, Office of Foreign Assets Control (“OFAC”)** (<http://www.ustreas.gov/offices/enforcement/ofac/sdn/>). Applicant will not knowingly enter into any sales, leasing or financing agreements in connection with this transaction with any individual or entity that is listed on the SAM or the SDN List (or is otherwise prohibited from conducting business with U.S. public and private entities pursuant to OFAC Regulations).

C. Either: (1) To the best of Applicant’s knowledge and belief, **no funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:

- (a) an officer or employee of any U.S. Government agency, or
- (b) a Member of Congress or a Member’s employee, or
- (c) an officer or employee of Congress;

(This does not apply to commissions paid by the Bank to insurance brokers.)

or

(2) Applicant will complete and submit **Form-LLL** (the Anti-Lobbying Declaration/Disclosure forms available at <http://exim.gov/sites/default/files/forms/lll.pdf>)

D. Neither Applicant nor any agent or representative acting on Applicant’s behalf, has or will 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.; 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., 4) the **Export Administration Act of 1979**, 50 U.S.C. § 2401 et seq., and, 5) the regulations issued by the **OFAC**. Applicant also certifies that neither Applicant nor any agent or representative acting on Applicant’s behalf, has been found by a court of the United States to be in violation of any of the foregoing statutes or regulations 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 of the foregoing or any other applicable law.

E. Neither the Applicant nor any agent or representative acting on Applicant’s behalf in connection with this transaction is currently under charge or has been, within the past 5 years, convicted in any court of any country, or subject to national administrative measures of any country, for bribery of public officials.

F. The representations made and the facts stated in this application and its attachments **are true and Applicant has not misrepresented or omitted any material facts**. Applicant further covenants that if any statement(s) set forth in this application becomes untrue, or is discovered to have been untrue when made, Applicant will promptly inform Ex-Im Bank of such change. Applicant further understands that in accepting or approving this application, Ex-Im Bank is relying upon Applicant’s statements set forth in the application and on the foregoing certifications, and all statements and certifications to Ex-Im Bank are subject to the penalties for false or misleading statements to the U.S. Government (18 USC § 1001, et. seq.).

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. If any of the information

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform Ex-Im Bank of such changes. 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). Ex-Im Bank reserves the right to decline to process or to discontinue processing of an application.

Paperwork Reduction Act Statement: We estimate that it will take you about 1.5 hours 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 # 3048-0018 Washington, D.C. 20503.

Applicant (Exporter) name: _____

Name and title of authorized officer: _____

Signature of Authorized officer: _____

Date: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment I: Credit Information Requirements

Directions: The required credit information depends on whether the PSOR is the buyer or corporate guarantor, or a financial institution guarantor and on the amount of credit support requested. Check the boxes that are applicable to your transaction.

1. The PSOR is not a financial institution:

a) Provide details of the exporter's experience with the buyer

Does the exporter have any experience selling to the buyer? Yes No

If yes, provide the following information:

Date of first sale to the buyer: _____

Date of first credit sale to the buyer: _____

Historic credit experience with the buyer:

| Yearly Credit Experience | Current Year | Prior year 1 | Prior year 2 |
|---|---------------------|---------------------|---------------------|
| Total amount sold | | | |
| Total amount on credit | | | |
| Highest amount outstanding for which exporter has been paid | | | |
| Payment terms/tenor | | | |

Amount now owing:

Payment history: prompt 1 – 30 days slow 31 – 60 days slow more than 60 days slow

Is there an amount past due? Yes No

If yes, enter amount due and due dates. _____

Provide reasons for past dues: _____

If past dues were due to foreign exchange problems, does applicant have evidence of local currency deposits on all payments due? Yes No

b) Provide the applicable supporting financial information on the PSOR. Check the box that applies to your transaction and provide the information noted below the box

The transaction is for an amount up to \$50,000:

- credit agency report or trade reference or applicant's ledger experience

The transaction is between \$50,001 and \$100,000:

- credit agency report and trade reference or applicant's ledger experience

The transaction is between \$100,001 and \$300,000:

- credit agency report,
- two trade references or one trade reference and applicant's ledger experience, or
- two most recent years signed fiscal year-end statements

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment I: Credit Information Requirements

The transaction is between \$300,001 and \$1,000,000:

- credit agency report
- two trade references
- audited or signed, unaudited financial statements for the last two fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.

The transaction is between \$1,000,001 - \$10,000,000

- credit agency report
- two trade references
- bank reference
- audited financial statements for the last three fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.

2. The PSOR is the financial institution guarantor.

a. Provide details of the exporter's experience with the financial institution guarantor. Include dates and amounts of previous transactions with the PSOR or indicate None

b. Provide supporting financial information.

Check the box that applies to your transaction and provide the information noted below the box

The transaction is for an amount up to \$1 million:

- One favorable reference from creditor bank.
- One short-term debt rating of the PSOR from S & P, Moody's or Fitch IBCA. Ratings must be B, P-3 or F3 or better, respectively.

OR

- Most recently published fiscal year end or interim statements or statement spreads from Fitch IBCA, or Bankscope.

The transaction is for between \$1,000,001 and \$10,000,000

- One favorable reference from a creditor bank
- If the PSOR does not have an acceptable current market rating, provide most recently published audited financial statements that adequately disclose financial condition and were prepared in accordance with to accounting principles that afford a reasonable basis for reliance on the information provided.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment II
Pre-shipment Questionnaire

Details of Coverage Requested

- a) Provide the reason pre-shipment coverage is requested _____
- b) Indicate the date the contract was executed or the anticipated date of signing _____
- c) Indicate the estimated period between the contract date and the final shipment date _____
- d) Provide a schedule of any progress payments made or to be made by the buyer or during the pre-shipment period,
or indicate none:

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment III. Enhanced Assignment Questionnaire

If requesting Enhanced Assignment, attach

- A bank reference on the exporter/applicant dated within six months of the application
- Two trade references dated within six months of the application
- Financial statements on the exporter/applicant as follows, for a policy limit of liability of:
 - \$500,000 or less CPA compiled financial statement for two most recent fiscal years
 - \$500,001 - \$999,999 reviewed by a CPA with notes attached
 - \$1,000,000 or more audited by a CPA with opinion and notes attached

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment IV Additional Named Insured Questionnaire

Legal Name: _____
Contact: _____
Address: _____
City: _____
State: _____
Country: _____
Nine Digit Zip/ Postal Code: _____
Relationship to Applicant: _____
Contact: _____
Role in the transaction: _____
E-mail: _____
Contact person: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment V – Warehouse Information

If you requested the Special Coverage – Warehouse, answer the following questions about the warehouse

Warehouse Type: Owned or controlled by exporter
 Bonded warehouse
 Neither

Warehouse Location: City _____
State/Province _____
Country _____