EXIM
EXPORT-IMPORT BANK OF THE UNITED STATES

Print Form

OMB No. 3048-0023
PENDING 2019

# APPLICATION FOR SHORT-TERM MULTI-BUYER EXPORT CREDIT INSURANCE POLICY

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[1], including corporate owners and subsidiaries.

*Exporter Legal Name: _____ Tradestyle: _____

*Business Address: _____ *Total Number of Employees: _____

*City: _____ *State: _____ *Zip + 4: _____ *Annual Sales Volume: _____

Country: _____ Contact Person: _____ *Minority-owned business: ☐ Yes ☐ No ☐ Decline to Answer

Position Title: _____ Phone #: _____ *Women-owned business: ☐ Yes ☐ No ☐ Decline to Answer

E-mail: _____ *Primary Industry NAICS[2]: _____ *Veteran-owned business: ☐ Yes ☐ No ☐ Decline to Answer

*Does the Exporter have any affiliates[2]? ☐ Yes ☐ No

[1]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.
[2]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.

Brokerage: _____ *Corporate Ownership: _____

How did you learn about EXIM? ☐ EXIM Regional Office ☐ Broker ☐ Bank ☐ U.S. Export Assistance Center

☐ EXIM City/State Partner ☐ Other (describe): _____

1. Primary reason for application: ☐ risk mitigation ☐ financing ☐ extend more competitive terms
2. Coverage Type Requested: ☐ Comprehensive (Commercial & Political) ☐ Political Only
3. Do you have a credit line with a financial institution (exclude overdraft protection and credit cards) ☐ YES ☐ NO
4. Do you have a SBA export Working Capital Loan or EXIM Working Capital Loan? SBA ☐ YES ☐ NO EXIM ☐ YES ☐ NO
5. Average total of annual export credit sales over the last three years for you and your affiliates: $ _____
6. Do you wish to insure export credit sales made by your affiliates? ☐ Yes ☐ No

*(If yes, please refer to "additional named insured" eligibility criteria in question # 26. Answers to all remaining questions must include eligible affiliates you wish to add.)*

7. Product and/or services to be exported & NAICS (if known): _____
8. Are the products: ☐ New ☐ Used

| | | | | |
|---|---|---|---|---|
| 9. | (a) | For SBA defined Small Businesses 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)? | ☐ YES | ☐ NO |
| | (b) | If the answer to 9(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 9(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 Businesses: Was each of the products to be covered under the policy manufactured or reconditioned with more than 50% U.S. content (labor, materials and direct overhead, but excluding net profit)? | ☐ YES | ☐ NO |

10. Do you sell Capital Goods to foreign manufacturers or producers? ☐ YES ☐ NO (if yes, attach explanation)
11. Are the Products to be covered under the policy:

| | | | |
|---|---|---|---|
| Manufactured or reconditioned in the U.S.? | ☐ YES ☐ NO | Environmentally Beneficial? | ☐ YES ☐ NO |
| Shipped from the U.S.? | ☐ YES ☐ NO | Supporting Renewable Energy? | ☐ YES ☐ NO |
| Sold to Military entities or Security Forces? | ☐ YES ☐ NO | On the U.S. Munitions List? (part 121 of title 22 of the Code of Federal Regulations) | ☐ YES ☐ NO |
| Used to support Nuclear Energy? | ☐ YES ☐ NO | | |

**Note**: Your buyers, their guarantors (if any), and end users of the products must be in countries where EXIM is able to provide support, see EXIM's Country Limitation Schedule (CLS) at **http://www.exim.gov**. There may not be trade measures or sanctions against the good produced with the U.S. export under Section 201 of the Trade Act of 1974. For a list of products and countries with Anti-Duping or Countervailing Duty sanctions, see section AD/CVD Orders available at http://www.usitc.gov/trade_remedy/731_ad_701_cvd/investigations/active/index.htm. Trade sanctions are product and country specific (i.e., all firms within a country are subject to the order, unless a specific firm is explicitly excluded).

12. Policy Payment Limit Requested: $

13. Buyer Types: ☐ % Manufacturers ☐ % Wholesalers/Traders ☐ % Retailers ☐ %Service Providers ☐ % Government Agency

14. Projected # of buyers to whom you will offer export credit terms: _____

15. Enter the percentage of export credit sales by payment and term type projected for the next twelve months: _____

| Payment Type | Terms (# of days) (*must total 100%, collectively*) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Sight | 1-30 | 31-60 | 61-90 | 91-120 | 121-180 | 181-270 | 271-360 |
| Unconfirmed L/C | | | | | | | | |
| Open account or Draft | | | | | | | | |

(enter "Cash Against Documents" in the "Sight" column and "Open account/Draft" row)

16. Export Credit Portfolio: Enter amounts for the projected top 10 countries to which you will have export credit sales over the next 12 months.

| Country Export | Credit Sales | Country Export | Credit Sales |
|---|---|---|---|
| | | | |

17. Identify your three (3) largest buyers:

| Name | Country | Export Credit Sales (next 12 months) |
|---|---|---|
| | | |

18. Year you began:

a) Exporting?

b) Exporting on credit terms (other than cash in advance or confirmed letters of credit)?

19. For the last three years what were your total export credit:
(include factored or insured receivables and attach any comments)

**Sales**

**write-offs**

**# of accounts written-off**

20. Highest average amount of export receivables outstanding over the last twelve months: ☐

21. Total export receivables outstanding: $ ☐ at ☐ (date should be within 30 days of the application)

| $ | $ | $ | $ | $ |
|---|---|---|---|---|
| current | 1-60 days past due | 61-90 days past due | 91-180 days past due | 180 days past due |

22. Number of buyers past due more than 60 days for $10,000 or more: ☐

23. For each buyer over 60 days past due for $10,000 or more, attach an explanation including name of buyer, country, amount past due, due date, and reason for past due.

| 24. Name(s) of export credit decision maker(s): | Title(s): | Years of Credit Experience | Years of Foreign Credit Experience |
|---|---|---|---|
| | | | |

25. Please submit the following as Attachments:
- Your financial statements for the most recently completed fiscal year (with notes if available)
- Descriptive product brochures (if available).
- Other pertinent information you wish to include.

26. **Special Coverages** Required: If "none" check ☐ N/A

☐ **Add Additional Named Insureds (ANI's).** Credit decisions of each affiliate listed must be centralized with the Applicant and each affiliate must invoice export credit sales in their own name (or tradestyle); if either is not applicable, please attach an explanation. Questions 7-25 should include export sales of prospective ANI's.

Does each affiliate invoice export credit sales in its own name or trade style? ☐ Yes ☐ No

Are the credit decisions of each affiliate centralized with this applicant? ☐ Yes ☐ No

If "No" provide comment:

Are the products of each affiliate the same as the applicant's products listed in question 7 of this application?
☐ Yes ☐ No If No, please list the products in question #7.

| Affiliate Company/Trade style | Business Address /City / State / Country |
|---|---|
| | |

☐ **Services (Please attach a copy of your sample services contract)** Services must be: performed by U.S. based personnel or those temporarily domiciled overseas, and billed (invoiced) separately from any product sales.

☐ **Small Business Policy** To be eligible, your company, together with your affiliates, must have had average annual export credit sales during the preceding three fiscal years not exceeding $7,500,000, excluding sales made on terms of confirmed irrevocable letters of credit (CILC) or cash in advance (CIA).

☐ **Warehouse:** Please answer the following questions about the warehouse.

Select Warehouse Type: ☐ Owned or controlled by insured ☐ Bonded warehouse ☐ Neither

Warehouse Location: City: _____ State (if U.S.) _____

State/Province _____ Country _____

☐ **Selected Exclusion**: specify transactions you wish to exclude from coverage.

☐ UILC (Unconfirmed Irrevocable Letters of Credit) ☐ Invoices Under $10,000

☐ SDDP/CAD (Sight Draft Documents Against Payment or Cash Against Documents)

☐ Sales to Canada ☐ Sales of Samples

☐ Sales to Subsidiaries and/or Affiliates

☐ **Other** (please specify):

# CERTIFICATIONS AND SIGNATURE



Please refer to the "Standard Certifications and Covenants for EXIM Applications" set forth in Form EIB 18-CN, posted on the EXIM website at https://www.exim.gov/tools-for-exporters/applications-forms/complete-list (the "Standard Certifications"). **THE STANDARD CERTIFICATIONS ARE INCORPORATED INTO THIS APPLICATION AS IF FULLY AND DIRECTLY SET FORTH HEREIN**. When signing this application in the space provided below, the undersigned authorized officer signing on the applicant's behalf certifies and represents that he or she is fully authorized to sign on the applicant's behalf, and that **HE OR SHE HAS READ** the Standard Certifications referenced above **AND IS CERTIFYING AND COVENANTING**, as appropriate, to all of the certifications, acknowledgments and covenants set forth in the Standard Certifications.

Applicant further certifies that 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 set forth in this application or in the Standard Certifications, becomes untrue, or is discovered to have been untrue when made, Applicant will promptly inform EXIM of all such changes or discoveries. Applicant further understands that in accepting or approving this application, EXIM is relying upon Applicant's statements set forth in the application and in the Standard Certifications, and all statements and certifications to EXIM are subject to the penalties for false or misleading statements to the U.S. Government (18 USC § 1001, et. seq.).

I,_____, do hereby certify that I am the duly appointed and qualified _____
(Title)

of_____and that as such I am authorized to execute this application
(Name of Applicant)

on behalf of_____.
(Name of Applicant)

In witness whereof, I have hereunto signed my name this_____day of_____. 20_____.

## 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 EXIM being unable to determine eligibility for support. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform EXIM 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. EXIM 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). EXIM 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 0.5 hour(s) 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, OMB# 3048-0023 Washington, D.C. 20503.