## EXPORT IMPORT BANK OF THE UNITED STATES SHORT-TERM MULTI-BUYER EXPORT CREDIT INSURANCE POLICY APPLICATION

| Phone:  |  | Fax: _          |   | _ E-Mail:         |                  |                    |
|---|--|-----------------|---|-------------------|------------------|--------------------|
| Indicate (Not Required)   | if owned by a  | Woman or        |   | , describe: _     |                  |                    |
| Bank credit line (if  | any) with:   |                 |   | _ Broker:         |                  |                    |
|   |  |                 | nk regional office 🗌 I  |                   |                  |                    |
|   |  |                 | ministration or Ex-Im E<br>I status:<br>use see Question 17 (Ad |                   |                  | Yes or No          |
| 3. Primary reason for a   | application: 🔲 r   | risk mitigation | financing extend  | more competitive  | ve terms         |                    |
| 4. Policy Aggregate Li  | imit Requested:  | \$              | (maximum exp  | ort credit receiv | ables outstandin | g at any one time) |
| 5. Product and/or serv  | ices to be exporte   | ed:             |   |                   |                  |                    |
| Manufact Shipped f Listed on Used? (If  The Borrower, Guara Ex-Im's Country Limi the Trade Act of 1974, For a list of products an <a href="http://205.197.120.60/c">http://205.197.120.60/c</a> T. # of years exporting | ured in the U.S. ured by the application the United State U.S. Munition fyes, please attacentor, Buyer and tation Schedule (see <a eol="" href="http://docket.nd.countries.with.co&lt;/td&gt;&lt;td&gt;with a minimum lecant? (If no, prostates to your but ons List (part 12) the Used Equipmed End User must be (CLS) at &lt;a href=" pa"="" www.ees.usitc.gov="">www.ees.usitc.gov/eol/pa</a> Anti-Dumping <a href="https://libocides.usitc.gov/eol/pa">https://libocides.usitc.gov/eol/pa</a> |                 |   |                   |                  |                    |

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## 11. Please list your 5 largest export buyers:

| <b>Buyer Name</b>                             | City                          | y/Country       | Last 12 Months<br>Sales | Payment Terms            | Credit Limit<br>Needed  |
|---|-------------------------------|-----------------|-------------------------|--------------------------|-------------------------|
|   |                               |                 | \$                      |                          | \$                      |
|   |                               |                 | \$                      |                          | \$                      |
|   |                               |                 | \$                      |                          | \$                      |
|   |                               |                 | \$                      |                          | \$                      |
|   |                               |                 | \$                      |                          | \$                      |
|   |                               |                 |                         |                          |                         |
|   | 1 . 1                         | et due account? |                         |                          |                         |
| 13. At what point d                           | to you stop snipping to a pas | st duc account: | days pa                 | st due                   |                         |
| •   | ceivables outstanding: \$     |                 |                         |                          | sys of the application) |
| 13. At what point d  14. Total export rec  \$ |                               | at              | //(date                 | e should be within 60 da |                         |

For each buyer over 60 days past due, attach an explanation including: name of buyer, country, amount past due, due date, and collection efforts made.

15. Export credit losses per year or rescheduled debts during each of last three years - attach additional pages if necessary.

| YEAR | AMOUNT (US\$) | EXPLANATION OF LOSS OR RESCHEDULING (SPECIFY REASON, COUNTRY, AND BUYER) |
|------|---------------|--|
|      | \$            |  |
|      | \$            |  |
|      | \$            |  |

## 16. Please submit the following as Attachments:

- Credit Report on your company dated within 6 months of the application or attach a check for \$35 payable to Ex-Im Bank.
- Your financial statements for the two most recent completed fiscal years (with notes if available).
- Resume(s) on each credit decision maker identified in question 12.
- Descriptive product brochures (if available).

| 17    | Special | Coverages | Required: | If "none" | check | NI/A         |
|-------|---------|-----------|-----------|-----------|-------|--------------|
| 1 / . | Succiai | COVELAPES | Neumneu.  | H HOHE    | CHECK | 1 1 1 7 / /- |

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 3-15 should include export sales of prospective ANI's.

| Affiliate Company / Trade style | City / State / Country | Relationship to Applicant |
|---------------------------------|------------------------|---------------------------|
|                                 |                        |                           |
|                                 |                        |                           |
|                                 |                        |                           |

| 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.                            |
| Enhanced Assignment of small business insurance policy proceeds. This is exporter performance risk protection that may be |

offered to lenders willing to finance Ex-Im Bank insured receivables. **Applicant Please Attach:**• Written bank reference describing your relationship to date and size of existing credit line.

- 2 written trade references from principal commercial suppliers.
- For applications with policy limits over \$500,000, financial statements must be audited or CPA reviewed with notes.

| Other (please specify): |  |  |
|-------------------------|--|--|
| _ 4 1 2/-               |  |  |

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## The Applicant (it) CERTIFIES and ACKNOWLEDGES to the Export-Import Bank of the United States (the Bank) that:

- a) it is either organized, or registered to do business, in the United States.
- b) it and each additional named insured applicant has not entered into any contract of insurance or indemnity in respect of any case of loss covered by the Export Credit Insurance Policy or Loss chargeable to a deductible under such Policy, and the applicant will not enter into any such contract of insurance or indemnity without the Bank's consent in writing.
- c) neither it nor any of its principals is currently, nor has been within the preceding three years:
  - debarred, suspended or declared ineligible from participating in any Covered Transaction or
  - formally proposed for debarment, with a final determination still pending;
  - voluntarily excluded from participation in a Covered Transaction; or
  - indicted, convicted or had a civil judgment rendered against it

for any of the offenses listed in the Regulations governing Debarment and Suspension as defined in the Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule 53 Fed. Reg. 19204 (1988). It further certifies that it has not nor will it knowingly enter into any agreement in connection with this Policy with any individual or entity that has been subject to any of the above.

- d) it is not delinquent on any amount due and owing to the U.S. Government, its agencies, or instrumentalities as of the date of this application.
- e) it shall complete and submit standard form-LLL, "Disclosure Form to Report Lobbying" to the Bank (31 USC 1352), if any funds have been paid or will be paid to any person for influencing or attempting to influence i) an officer or employee of any agency, ii) a Member of Congress or a Member's employee, or iii) an officer or employee of Congress in connection with this Policy. This does not apply to insurance broker commissions paid by the Bank.
- f) it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 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. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.
- g) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).
- h) the information is being requested under the authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.); disclosure of this information is mandatory **and failure to provi de the requested information may** result in the Bank being unable to determine eligibility for the Policy. The information collected will be analyzed to determine the ability of the participants to perform and pay under the Policy. The Bank may not require the information, and applicants are not required to respond, unless a currently valid OMB control number is displayed on this form. The information collected will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed pursuant to applicable law. The **public burden** reporting for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.
- i) the representations made and the facts stated in the application for said Policy are true, to the best of it's knowledge and belief, and it has not misrepresented or omitted any material facts relevant to said representations. It agrees that this application shall form a part of the Policy, if issued, and the truth of the representations and facts, and performance of every undertaking in this application shall be a condition precedent to any coverage under such Policy. It further understands that this certification is subject to the penalties for fraud against The U.S. Government (18 USC 1001).

| (Signature)   | (Print Name and Title)                                      | (Date)         |  |  |  |  |
|---|---|----------------|--|--|--|--|
| SMALL BUSINESS POLICIES APPLICANT CERTII  | FICATION  |                |  |  |  |  |
| "We are an entity which together with our affiliates had a  | average annual export credit sales during our preceding two | o fiscal years |  |  |  |  |
| not exceeding \$5,000,000, excluding sales made on terms of confirmed irrevocable letters of credit (CILC) or cash in advance (CIA)." |   |                |  |  |  |  |
|   |   |                |  |  |  |  |
|   | (Signature)   |                |  |  |  |  |
|   |   |                |  |  |  |  |

Send, or ask your insurance broker or city/state participant to review and send this application to the Ex-Im Bank Regional Office nearest you. Please refer to Ex-Im Bank's website at <a href="http://www.exim.gov">http://www.exim.gov</a> for Regional Office addresses.

Ex-Im Bank reserves the right to request additional information upon review of the application. Please refer to Ex-Im Bank's Short Term Credit Standards (EIB 99-09) to determine the likelihood of approval of a policy.

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