



APPLICATION FOR EXPORTER SHORT-TERM SINGLE-BUYER EXPORT CREDIT INSURANCE POLICY

OMB No. 3048-0018 PENDING 2024

This application is to be completed by an exporter 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 EXIM's web site. EXIM encourages customers to apply on line to facilitate our review and provide customers a faster response time. Additional information on how to apply for EXIM insurance can be found on EXIM's web www.exim.gov IMPORTANT: The Guarantor, Buyer and End User must be foreign entities in countries for which EXIM is able to provide support. See EXIM's Country Limitation Schedule. Check the EXIM Convicted Parties List to determine if there are any prohibitions or restrictions on your ability to insure a transaction.

Send this completed application to EXIM, 811 Vermont Ave., NW, Washington, D.C. 20571. EXIM will also accept emailed PDF and faxed applications. EXIM will not require the originals of these applications to be mailed. The application must be a PDF scan of the original application and all required documents. (Fax number 202.565.3380, Email exim.applications@exim.gov)

APPLICATION FORM

Under corporate ownership, provide name of ultimate parent company, if there is a corporate owner. For number of employees and sales volume, aggregate the information for the company and all its affiliates1 including corporate owners and subsidiaries.

Applicant/Exporter Legal Name:

Tradestyle Name:

DUNS #:

UEI #:

Business Address:

City: State: Zip+4 Country:

Is there is corporate ownership of Applicant: Yes No

Name of ultimate parent company:

Does the Applicant have any affiliates: Yes No Applicants primary industry NAICS2 code:

Total Number of Employees (for Applicant and any affiliated companies):

Annual Sales Volume (for Applicant and any affiliated companies):

Contact Person:

Position/Title:

Email: Phone: Fax:

Woman-owned business: Yes No Decline to answer
Minority-owned business: Yes No Decline to answer
Veteran-owned businss: Yes No Decline to answer
Disability-owned business: Yes No Decline to answer

Race and/or Ethnicity (Select all that apply):
American Indian or Alaska native Asian
Black or African American Hispanic or Latino
Middle Eastern or North African
Native Hawaiian or Pacific Islander White
Decline to answer

Brokerage:

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.

1. GENERAL QUESTIONS

A. Type of Coverage Requested

Comprehensive Risk (Political Risk and Commercial) Political Risk Only

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 EXIM or your broker for assistance.

C. Indicate whether the sale represents a:

Confirmed Order Sale in negotiation Response to a bid

D. Primary Reason for applying for this policy

Risk mitigation

Financing

Extend more competitive terms

E. Is this a resubmission of a previously withdraw, returned or denied application, or a renewal policy for the same Buyer or a related entity?

Yes. If Yes, indicate the previous transaction number:

No

2. PARTICIPANTS

Provide information on the additional participants to the transaction.

Buyer

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

Buyer's Legal Name:

Contact Person:

Position Title:

E-mail:

Business Address:

City:

State/Province:

Postal Code:

Country:

Phone:

Fax:

Supplier (if different than the Exporter above)

The Supplier is the U.S. company that manufactures the goods and services to be exported.

Supplier's Legal Name:

Contact Person:

Position Title:

E-mail:

Business Address:

City:

State/Province:

Postal Code:

Country:

Phone:

Fax:

3. TRANSACTION DESCRIPTION AND ELIGIBILITY

Provide a description of the products or services, including their NAICS codes.

- | | | |
|---|-----|----|
| 1. Are these products manufactured or reconditioned in the U.S.? | Yes | No |
| 2. Are these products shipped from the U.S.? | Yes | No |
| 3. Are these products on the Munitions Control list? | Yes | No |
| 4. Are these products sold to military entities or security forces? | Yes | No |
| 5. Are these products used to support nuclear energy? | Yes | No |
| 6. Are the products used? | Yes | No |
| 7. Are the products new? | Yes | No |
| 8. Are the products capital goods that will be used to produce exportable products? | Yes | No |

(PLEASE NOTE THAT YOU MAY ANSWER "YES" TO EITHER OR BOTH (b) AND (c) BELOW)

- | | | |
|---|-----|----|
| 9. (a) For SBA Defined Small Business Only: Was each of the products 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 8(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 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 8(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 indicate if you are seeking coverage on an aggregated basis. | Yes | No |
| (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 |
| 10. Do these products or their use meet EXIM's requirements for an environmentally beneficial determination? If Yes, provide an explanation: | Yes | No |
| 11. Do these products or their use meet EXIM's requirements for a renewable energy determination? If Yes, provide an explanantion. | Yes | No |
| 12. Will any value be added to the product after export from the U.S. prior to delivery to the Buyer? If Yes, provide an explanation: | Yes | No |
| 13. Has the transaction been considered by any other export credit insurer? If yes, provide an explanation: | Yes | No |

4. FINANCED AMOUNTS AND STRUCTURE

Enter the percentages for each payment term the exporter will extend to the Buyer:

Payment terms requested	(No. of days - Please check applicable box)							
	Sight	1-30	31-60	61-90	91-120	121-180	181-270	271-360
PAYMENT TYPE								
Open Account	NA							
Cash Against Documents (CAD)								
Promissory Note								
Sight Draft Documents Against Acceptance (SDDA)								
Sight Draft Documents Against Payment (SDDP)								
Unconfirmed Irrevocable Letter of Credit (UILC)								

Number of shipments: Single Multiple under one sales contract

Expected date(s) of shipment:

Estimated shipment volume to be insured:

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

Other security available: None Standby LC Receivables Inventory Real Property Cash
 Personal Guarantee(s) Corporate Guarantee(s) Other:

Amount ready to ship:

5. Credit Information Requirements

Directions: The required credit information depends on whether the Primary Source of Repayment (PSOR) is the Buyer or Corporate Guarantor, or a Financial Institution Guarantor, and on the amount of credit support requested.

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:

Provide the following information about the Additional Named Insured. Continue on an attachment for multiple affiliate ANIs.

Legal Name:

Business Address:

City: State: Country: Nine Digit Zip/Postal Code:

Relationship to Applicant:

Role in the transaction:

Contact person:

Email:

Services (please attach a copy of your sample services contract). Export credit sales of services and charges for materials and equipment necessary to render services are eligible for addition under the policy. The sale of services and related charges must be set forth in a written contract of sale between the policyholder and buyer with invoiced billings to be made no later than 30 days following the month the services were performed.

Services must be performed by the policyholder's (or its ANIs) personnel headquartered in the U.S. or those headquartered in the U.S. but temporarily assigned in the buyer's country. Services coverage does not include cancellation of the written contract of sale, any services that were not performed, charges relating to use of foreign made equipment, or confiscation of the policyholder's (or ANIs) U.S. or foreign equipment by any party. The "Services Endorsement" formally documents the addition of services under the policy. A Services Endorsement is not required for product sales whose invoices build-in nominal ancillary services.

Overseas Warehouse

Export credit insurance is available for sales to foreign buyers from your overseas warehouse(s) used to store inventory. The warehouse must be bonded and either owned or controlled by the policyholder through either its agent, branch, subsidiary or itself. The policyholder is required to retain title to the warehoused products. For most products, the sale out of the warehouse must occur no later than 180 days from the date of shipment from the U.S.

The Warehouse Endorsement does not provide any property or casualty coverage on the products while they are in the warehouse. Specific political risk-only coverage can be purchased for the warehousing period if you also elect to add the Consignment Endorsement coverage. This additional coverage protects against the following events which prevent you from fulfilling a foreign buyer's purchase order:

- Buyer cannot import the products into its country due to the imposition of a law or cancellation/non-renewal of a license;
- War, insurrection or a government's confiscation or other arbitrary action against the buyer's (or guarantor's) business;
- Imposition of any law or regulation preventing the export of the products from the country in which the products are held in consignment.
- Please provide the following information:

(a) Select the warehouse type: Owned or controlled by the Applicant Bonded Neither
If Neither, please explain:

(b) Warehouse location: Country: State/Province: City:

Pre-Shipment

Provide details of the coverage requested, including the reason why pre-shipment coverage is requested:

Indicate the date the contract was executed or the anticipated date of signing:

Indicate the estimated period between the contract date and the final shipment date:

(Years)

(Months)

Provide a schedule of progress payments made or to be made by the Buyer during the pre-shipment period, or indicate "None" None

Foreign Currency

Identify the country and currency you wish to be insured:

Bulk Agriculture

Delivery to the Buyer in the U.S.

[China and Transformational Export Program \(CTEP\)](#)

To determine if your transaction is eligible for Sec. 402 consideration, the answer to at least one of the following two questions must be "Yes":

Is your transaction facing competition from an entity backed by the People's Republic of China (PRC) - Section 402(A)? Yes No

Is your transaction one of the ten Transformational Export Areas or a related service - Section 402(B)? Yes No

At least one Transformational Export Area value must be selected in the table below if you have responded "Yes" to the 402(B) question immediately above.

<u>Transformational Export Areas</u>	<u>Export Value</u> The value of the export largely consists of technology used to...	<u>Buyer End Use</u> The foreign buyer will use the exports to...	Justification
Artificial intelligence			...make the best decision given changing circumstances using computerized system, without direct human input or intervention
Biotechnology			...use biological processes for industrial and other purposes
Biomedical Sciences			..diagnose and/or treat medical conditions in humans with advanced medical equipment and processes
Wireless communications equipment			...distribute information by means of digital electromagnetic transmission without the need for wires, optical fibers, or othersynthesized materials
Quantum computing			...facilitate the implementation and use of quantum computers (application of qubit superposition processing)
Renewable energy, energy efficiency, energy storage 1. Renewable energy			...generate or use of energy produced from a naturally renewable source

2. Energy efficiency			...reduce energy loss or consumption in a system or application
3. Energy storage			...store energy with a capacity of 1kWh
Semiconductor and semiconductor manufacturing			...make use of semiconductors or the U.S. semiconductor industry
Emerging financial technologies			...improve or automate the delivery and use of financial services
Water treatment and sanitation			...produce or distribute potable water for human consumption, or collect and/ or treat wastewater, regardless of origin
High-performance computing			...process more than 500 terabytes/day or exceed a speed of 500 teraflops/second

Does this transaction require flexibilities to move forward? If yes, please provide a brief description below and your request will be reviewed by EXIM's DTEP division. If necessary, you can directly contact the CTEP team by sending an email to CTEP@exim.gov

7. Comments (please provide any additional comments)

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_____.

Signature

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 1.5 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# 3048-0018 Washington, D.C. 20503.