



APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

OMB No. 3048-0018 Expires 08/31/2022

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 EXIM's web site. EXIM 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 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.

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 PDF scans of 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: _____ DUNS# _____

Tradestyle _____

Business Address: _____

City: _____ State: _____ Zip+4: _____ Country: _____

If there is Corporate Ownership of Applicant please state: _____

Does the Applicant have any affiliates: Yes No Applicants Primary Industry NAICS2: _____

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

Annual Sales Volume (for applicant and any affiliated companies): _____

Position Title: _____

Contact Person: _____

Email: _____

Phone: _____ Fax (optional) _____

Woman-owned business: Yes No Decline to answer

Minority-owned business: Yes No Decline to answer

Race (One or more boxes may be selected.):

- American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Pacific Islander White Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Veteran-owned business: Yes No Decline to answer

Disability-owned business: Yes No Decline to answer

Broker (if applicable):

Name of Brokerage: _____ Contact Person: _____

E-mail: _____ Phone number: _____ Fax: _____

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 (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. Primary Reason for applying for this policy

 Risk mitigation

 Financing

 Extend more competitive terms

D. Is this a resubmission of a previously withdrawn, returned or denied application, or a renewal policy for the same Buyer or a related entity?

 Yes - If Yes, indicate previous transaction number: _____

 No

2. SPECIAL COVERAGES

Check the boxes in the table below for the special coverage that apply to this transaction and provide detailed responses in the sections later in this form.

<input type="checkbox"/> Additional Named Insured Do you want to insure sales by affiliated companies?	<input type="checkbox"/> Bulk Agriculture	<input type="checkbox"/> Delivery to the Buyer in the U.S.
<input type="checkbox"/> Foreign Currency Coverage Indicate Currency: _____	<input type="checkbox"/> Overseas Warehouse Coverage	<input type="checkbox"/> Services (the exported item is a service)
<input type="checkbox"/> Pre-Shipment Cover	<input type="checkbox"/> Other	

3. 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: _____

Guarantor(s) (if applicable)

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(s) involved in this transaction? Yes No
If Yes, is the Guarantor: An individual A company?
Guarantor's Legal Name: _____ Contact Person: _____
Position Title: _____ E-mail: _____
Business Address: _____ City: _____ State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____

End-User (if different than Buyer and if already known)

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's Legal Name: _____ Contact Person: _____
Position Title: _____ E-mail: _____
Business Address: _____ City: _____ State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____

Agent (not insurance Broker)

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 EXIM, 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's Legal Name: _____ Contact Person: _____
Position Title: _____ E-mail: _____
Business Address: _____ City: _____ State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____

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 (PSOR)

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

- Buyer
- 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

Does the PSOR have a market 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:

Confirmed Order Sale in Negotiation Response to a Bid

Provide a description of the products or service, including their NAICS code.

Regarding the above products or services:

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 capital goods that will be used to produce exportable products? Yes No

8. (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 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

(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

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

9. Do these products or their use meet EXIM's requirements for an environmentally beneficial determination? Yes No

If yes, provide an explanation: _____

10. Will any value be added to the product after export from the U.S. prior to delivery to the Buyer? Yes No

If yes, provide an explanation: _____

11. Has the transaction been considered by any other export credit insurer? Yes No

If yes, provide an explanation: _____

5. 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	Up to 30	Up to 60	Up to 90	Up to 120	Up to 180	Up to 270	Up to 360
Open Account								
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: _____

Amount ready to ship: _____

6. 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. Check the boxes that are applicable to your transaction.

The PSOR is a Private-Sector Company The PSOR is a Financial Institution

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 MM/YYYY to MM/YYYY	Prior Year 1 MM/YYYY to MM/YYYY	Prior Year 2 MM/YYYY to MM/YYYY
Total Amount Sold			
Total Amount Sold on Credit			
Highest Amount Outstanding Exporter has been Paid			
Payment Terms/Tenor			

Amount now owing:

Payment history: Prompt 1-30 days slow 31-60 days slow 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 caused by foreign exchange problems, does applicant have evidence of local currency deposits on all payments due? Yes No

Please refer to the Short-Term Credit Standards found on our website to determine what information is required in your application based on the dollar amount requested.

7. Pre-shipment Questionnaire

Details of Coverage Requested:

Provide the reason 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 _____

Provide a schedule of any progress payments made or to be made by the buyer or during the pre-shipment period, or indicate none: _____

8. Additional Named Insured Questionnaire (if required)

Legal Name: _____

Contact: _____

Business Address: _____

City: _____

State: _____

Country: _____

Nine Digit Zip/ Postal Code: _____

Relationship to Applicant: _____

Contact: _____

Role in the transaction: _____

Email: _____

Contact person: _____

9. Overseas Warehouse Information

If you requested the Special Overseas Warehouse Coverage, answer the following questions:

- Warehouse Type: Owned or controlled by Exporter
 Bonded Warehouse
 Other

Warehouse Location: City

State/Province

Country

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.